| Fill in this information to identify your case:  | a Fi   |
|--|--|
| United States Bankruptcy Court for the:  | UNITED STATE NORTHERN  |
| Northern District of Illinois  |  |
| Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13   | JEFFREY P. A   |
| and the second of the second o | and the second s |

FILED

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

FEB 28 2017

JEFFREY P. ALLSTEADT, CLERK

Check if this is an amended filing

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," bettor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your Yousef government-issued picture identification (for example, First name First name your driver's license or Joseph passport). Middle name Middle name Rafati Bring your picture identification to your meeting Last name Last name with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., 1) [11] 2. All other names you N/A have used in the last 8 First name First name years Include your married or Middle name Middle name maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of - xx - <u>7</u> <u>6</u> <u>0</u> <u>1</u> your Social Security XXX number or federal OR OR Individual Taxpayer

(ITIN)

Identification number

9xx - xx -

# Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 2 of 65

| Debtor 1 Yousef Jo<br>First Name Middle  | seph Rafati<br>e Name Last Name  | Case number (# known)  |
|--|--|--|
| t til som til matter til men ette til tillhelse med stort manne frem kenne en | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer Identification Numbers (EIN) you have used in                               | I have not used any business names or EINs.  | ☐ I have not used any business names or EINs.  |
| the last 8 years Include trade names and   | Business name  | Business name  |
| doing business as names  | Business name  | Business name  |
|  | EIN  | EIN  |
|  | EIN  | EIN  |
| 5. Where you live  | Personal destroyed and All Section (All Control of Cont | If Debtor 2 lives at a different address:  |
|  | 9344 James Pl  |  |
|  | Number Street  | Number Street  |
|  | Oak Lawn IL 60453  | 3  |
|  | City State ZIP Code  |  |
|  | Cook<br>County   | County   |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | N/A  | <u> </u>   |
|  | Number Street  | Number Street  |
|  | P.O. Box   | P.O. Box   |
| Etitliselij kirkeni eli kristi film oli konsek uma anava elika kiki alipi film oli 1,4 meju unio kajung kajul  | City State ZIP Code  | City State ZIP Code  |
| . Why you are choosing this district to file for   | Check one:   ✓ Over the last 180 days before filing this petition,   | Check one:  Over the last 180 days before filing this petition,  |
| bankruptcy   | I have lived in this district longer than in any other district.   | I have lived in this district longer than in any other district.   |
|  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|  |  |  |
|  |  |  |
|  | 4  | <u> </u>   |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 3 of 65 Document

| De  | ebtor 1 Yousef S<br>First Name M                       | Joseph<br>Iddle Name  | Rafati<br>Last Name   | MANAGE   | Case number (  | if known)  |
|-----|--|---|---|--|--|--|
| P   | art 2: Tell the Court                                  | About Your  | 2 antruntov   | Casa   |  |  |
|     | Ton the Court  |   |   |  |  |  |
| 7.  | The chapter of the Bankruptcy Code you                 | Check of for Ban  | one. (For a brie<br>kruptcy (Form :   | ef description of each, see Λ<br>2010)). Also, go to the top α   | lotice Required by a figure of the page 1 and check  | 11 U.S.C. § 342(b) for Individuals Filing the appropriate box.   |
|     | are choosing to file<br>under                          | ☑ Cha   | pter 7  |  |  |  |
|     |  | ☐ Cha   | pter 11   |  |  |  |
|     |  | ☐ Cha   | pter 12   |  |  |  |
|     |  | ☐ Cha   | pter 13   |  |  |  |
| 8.  | How you will pay the                                   | loca<br>you<br>sub<br>with<br>I ne<br>App<br>I rec<br>By I<br>less<br>pay | al court for morself, you may mitting your particle a pre-printed a pre-printed lication for In quest that my aw, a judge not than 150% of the fee in ins | ore details about how you you with cash, cashier beginner on your behalf, you address.  The fee in installments. If dividuals to Pay The Filing of the official poverty line of the official poverty line. | u may pay. Typical scheck, or mone your attorney may you choose this on the following Fee in Installm ay request this open waive your fee, that applies to you this option, your | heck with the clerk's office in your ally, if you are paying the fee y order. If your attorney is y pay with a credit card or check option, sign and attach the ents (Official Form 103A).  In only if you are filing for Chapter 7, and may do so only if your income is ur family size and you are unable to must fill out the Application to Have the t with your petition. |
| 9.  | Have you filed for bankruptcy within the last 8 years? | ☑ No<br>☐ Yes.  | District  | When When  | MM/ DD/YYYY  | Case number Case number  |
| 10. | Are any bankruptcy                                     | ☑ No  | ***************************************   | The second se  | * . * * * * * * * * * * * * * * * * * *  |  |
|     | cases pending or bein filed by a spouse who            | n   | Debtor  |  |  | Dolotionalia ta  |
|     | not filing this case with<br>you, or by a business     |   | District  | Whe  |  | _ Relationship to you Case number, if known  |
|     | partner, or by an affiliate?                           |   |   | 1110   | MM/DD/YYYY   |  |
|     | annate:  |   | Debtor  | NIH  |  | Relationship to you  |
|     |  |   | District  | Whe  | n  | Case number, if known  |
|     | Do you rent your<br>residence?                         | ☐ No.<br>☑ Yes.   | Go to line 12. Has your land residence?  No. Go to  | line 12.   | dgment against you   | and do you want to stay in your<br>t Against You (Form 101A) and file it with  |

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 4 of 65

| Debtor 1   | Yousef Jos   | eph                              | Rafati<br>Last Name  | Case number (if known)  |  |  |  |
|--|--|----------------------------------|--|---|--|--|--|
|  |  |                                  |  |   |  |  |  |
| Part 3:  | Report About Any   | Busines                          | ses You Own as a S   | Sole Proprietor   |  |  |  |
|  | ou a sole proprietor   | 🛭 No.                            | Go to Part 4,  |   |  |  |  |
| of any<br>busine   | ∕ full- or part-time<br>ess?   | ☐ Yes                            | . Name and location of   | business  |  |  |  |
| A sole proprietorship is a business you operate as an individual, and is not a |  |                                  | N/A<br>Name of business, if any  |   |  |  |  |
| a corpo<br>LLC.  | te legal entity such as<br>oration, partnership, or  |                                  | Number Street  |   |  |  |  |
| sole pro   | ave more than one oprietorship, use a  |                                  |  |   |  |  |  |
| separat<br>to this p   | te sheet and attach it<br>petition.  |                                  | City Check the appropriate   | State ZIP Code  box to describe your business:  |  |  |  |
|  |  |                                  | 1 \ 1  | ess (as defined in 11 U.S.C. § 101(27A))  |  |  |  |
|  |  |                                  | _ '  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|  |  |                                  |  | efined in 11 U.S.C. § 101(53A))   |  |  |  |
|  |  |                                  | ☐ Commodity Broker   | (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|  |  |                                  | ☐ None of the above  |   |  |  |  |
| Chapte<br>Bankru   | ou filing under<br>er 11 of the<br>uptcy Code and<br>u a s <i>mall business</i>              | can set<br>most re<br>any of the | appropriate deadlines. I<br>cent balance sheet, stat<br>nese documents do not  | 11, the court must know whether you are a small business debtor so that it If you indicate that you are a small business debtor, you must attach your tement of operations, cash-flow statement, and federal income tax return or if exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |  |  |  |
|  | efinition of small   |                                  | I am not filing under Ch   |   |  |  |  |
|  | s debtor, see<br>C. § 101(51D).  | ☐ No.                            | ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |  |
|  |  | ☐ Yes.                           | I am filing under Chapte<br>Bankruptcy Code.   | er 11 and I am a small business debtor according to the definition in the   |  |  |  |
| Part 4:  | Report if You Own  | or Have                          | Any Hazardous Pro  | perty or Any Property That Needs Immediate Attention  |  |  |  |
| 4. Do vou  | own or have any  | ☑ No                             |  |   |  |  |  |
| propert  | ty that poses or is<br>I to pose a threat  | _                                | What is the hazard?  | N/A   |  |  |  |
| of imm<br>identifi   | inent and<br>able hazard to  | 700.                             | Triacio de nazara:   |   |  |  |  |
| Or do y  | health or safety?<br>ou own any<br>ty that needs   |                                  |  |   |  |  |  |
| immedi   | iate attention?  |                                  | ıт ımmediate attention   | is needed, why is it needed?  |  |  |  |
| perishab<br>that mus   | nple, do you own<br>le goods, or livestock<br>It be fed, or a building<br>ds urgent repairs? |                                  |  |   |  |  |  |
|  |  |                                  | Where is the property  | Pumber Street   |  |  |  |
|  |  |                                  |  |   |  |  |  |
|  |  |                                  |  | City State ZIP Code   |  |  |  |

#### Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 5 of 65

| De | btor | 1 |
|----|------|---|

Case number (it known)

### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

| l am no  | t required | to receive  | a briefing | about |
|----------|------------|-------------|------------|-------|
| credit c | ounseling  | i because d | of:        |       |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate speet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 6 of 65

| Debtor 1 Yousef Jos<br>First Name Middle Na |  | Joseph<br>ddle Name   | Pph Rafati Case number (d known)                    |  |   |  |  |
|---|--|---|---|--|---|--|--|
|   |  |   |   |  |   |  |  |
| P   | art 6: Ar  | swer These  | Questions fo  | or Reporting Purp  | ooses   |  |  |
| 16  | . What kin<br>you have   | d of debts do   | ) 16a. Ai<br>as                                     | e your debts prin<br>"incurred by an indiv   | narily consumer debts? Con<br>ridual primarily for a personal, far  | nsumer debts are de<br>nily, or household p  | efined in 11 U.S.C. § 101(8) urpose."  |
|   | you nave?  |   | ****  | No. Go to line 16b.<br>Yes. Go to line 17.   |   |  |  |
|   |  |   | 16b. <b>Ar</b><br>mo                                | re your debts prin<br>ney for a business o   | narily business debts? Busin<br>r investment or through the oper  | ness debts are debt<br>ation of the busines  | s that you incurred to obtain<br>s or investment.  |
|   |  |   | (2)   | Yes/Go to line 17.   |   |  |  |
| i dra mone                                  | السام الله الإيكار المعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة وا | oo daa ah a  | 16c. Sta<br><u>N</u>                                |  | you owe that are not consumer o   | lebts or business de   | ebts.  |
| 17.   | Are you f  | iling under<br>'?   | □ No.   | I am not filing under  | Chapter 7. Go to line 18.   | and the second section of the second sec   | , and the second se       |
|   | any exemexcluded administrate paid to  | stimate that a<br>pt property i<br>and<br>ative expens<br>hat funds wil<br>for distributi | s<br>es<br>II be                                    | I am filing under Cha<br>administrative exper<br>☑ No<br>☐ Yes   | apter 7. Do you estimate that afte<br>nses are paid that funds will be a  | er any exempt prope<br>vailable to distribute  | erty is excluded and<br>to unsecured creditors?  |
| 20140April                                  | to unsecu  | red creditor  | 5 <b>?</b><br>5000000000000000000000000000000000000 | SOMERHER STATES | 1944-behar 1971 kilondar (Britisha) Sankashira, kabupat (Britisha | erontovije, karajetski je ja karajetski politik povetek politik postate od stata politik politik politik politik | 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +  |
| 18.   |  | y creditors d<br>nate that you  | o   | 9<br>199   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  |  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19.   | How muc<br>estimate<br>be worth?   | your assets t   | \$100   | 50,000<br>001-\$100,000<br>,001-\$500,000<br>,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 m \$100,000,001-\$500 r   | lion 🔲   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20.   | How muc<br>estimate y<br>to be?  | h do you<br>/our liabilitie   | \$100   | 001-\$100,000<br>,001-\$500,000  | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 mill<br>\$50,000,001-\$100 mil   | lion 🔲   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion                           |
| Pa  | rt 7: Sig  | n Below   | \$500   | ,001-\$1 million   | \$100,000,001-\$500 r   | nillion 🚨  | More than \$50 billion   |
| Fo  | r you  |   | I have excorrect.                                   | amined this petition,  | and I declare under penalty of p  | erjury that the inforr   | nation provided is true and  |
|   |  |   | If I have<br>of title 11<br>under Ch                | , United States Code   | Chapter 7, I am aware that I may<br>e. I understand the relief available  | proceed, if eligible,<br>e under each chapte   | under Chapter 7, 11,12, or 13<br>er, and I choose to proceed   |
|   |  |   | If no atto<br>this docu                             | rney represents me a<br>ment, I have obtaine   | and I did not pay or agree to pay<br>d and read the notice required by  | someone who is no<br>y 11 U.S.C. § 342(b   | t an attorney to help me fill out<br>).  |
|   |  |   | l underst<br>with a ba                              | and making a false s   | esult in fines up to \$250,000, or in   | r obtaining monev o  | or property by fraud in connection   |
|   |  |   | <b>x</b> (  | ture of Debtor 1   | s s   | Signature of Debte   |  |
|   |  |   | _   | uted on <u>02/28</u>   | 12017   | Executed on  | I DD TYYYY   |

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 7 of 65

| Debtor 1 | Yousef<br>First Name | Joseph<br>Middle Name | Rafati<br>Last Name | Case number (if known) |  |
|----------|----------------------|-----------------------|---------------------|------------------------|--|
|----------|----------------------|-----------------------|---------------------|------------------------|--|

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

|                                  | Date          |  |    |
|----------------------------------|---------------|--|----|
| Signature of Attorney for Debtor |               | MM / DD /YY  | YY |
| N/A                              | $\mathcal{N}$ |  |    |
| Printed name                     |               |  |    |
| Firm name                        |               | The second secon |    |
| Number Street                    |               |  |    |
|                                  |               |  |    |
| City                             | State         | ZIP Code   |    |
| Contact phone                    | Email addr    | ess  |    |
| Bar number                       | State         |  |    |

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 8 of 65

| ebtor 1  | Yousef<br>First Name            | Joseph<br>Middle Name | Rafati<br>Last Name  | Case number (if known)   |  |  |  |  |
|--|---------------------------------|-----------------------|--|--|--|--|--|--|
|  |                                 |                       |  | es en est estadounido de comercio en en esta en entre en   |  |  |  |  |
| ankrupt<br>ittorney  | f you are filir<br>cy without a | n                     | should understand that mathemselves successfully.  | dividual, to represent yourself in bankruptcy court, but you<br>any people find it extremely difficult to represent<br>Because bankruptcy has long-term financial and legal<br>ongly urged to hire a qualified attorney.   |  |  |  |  |
| f you are represented by<br>an aftorney, you do not<br>need to file this page. |                                 | ot                    | To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. |  |  |  |  |  |
|  |                                 |                       | court. Even if you plan to pay a in your schedules. If you do no property or properly claim it as also deny you a discharge of a case, such as destroying or hic cases are randomly audited to   | and debts in the schedules that you are required to file with the a particular debt outside of your bankruptcy, you must list that debt to list a debt, the debt may not be discharged. If you do not list exempt, you may not be able to keep the property. The judge can lil your debts if you do something dishonest in your bankruptcy ding property, falsifying records, or lying. Individual bankruptcy determine if debtors have been accurate, truthful, and complete. |  |  |  |  |
|  |                                 |                       | hired an attorney. The court wi successful, you must be familia  | attorney, the court expects you to follow the rules as if you had all not treat you differently because you are filing for yourself. To be ar with the United States Bankruptcy Code, the Federal Rules of a local rules of the court in which your case is filed. You must also option laws that apply.   |  |  |  |  |
|  |                                 |                       | Are you aware that filing for ba consequences?   | nkruptcy is a serious action with long-term financial and legal  |  |  |  |  |
|  |                                 |                       | ☐ No<br>☑ Yes  |  |  |  |  |  |
|  |                                 |                       | Are you aware that bankruptcy inaccurate or incomplete, you on the No Yes  | fraud is a serious crime and that if your bankruptcy forms are could be fined or imprisoned?   |  |  |  |  |
|  |                                 |                       | Did you pay or agree to pay so ☑ No ☑ Yes. Name of Person  | meone who is not an attorney to help you fill out your bankruptcy forms?  on Preparer's Notice, Declaration, and Signature (Official Form 119).  |  |  |  |  |
|  |                                 | ×                     | By signing here, I acknowledge have read and understood this attorney may cause me to lose   | that I understand the risks involved in filing without an attorney. I notice, and I am aware that filing a bankruptcy case without an my rights or property if I do not properly handle the case.  Signature of Debtor 2  Date  MM / DD / YYYY   |  |  |  |  |

Cell phone

Email address

Contact phone (708) 320-3232

Cell phone

(708) 320-3232

Email address joerafati@hotmail.com

# Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 9 of 65

| Fill in this information to identify your case:  |   |
|--|---|
| Debtor 1 YOUSEF JOSEPH RAFATI  |   |
| First Name Middle Name Last Name  Debtor 2   |   |
| (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois  |   |
| Case number  | ☐ Check if this is an                           |
| (If known)   | amended filing                                  |
|  |   |
| Official Form 106Sum   |   |
| Summary of Your Assets and Liabilities and Certain Statistical Info  |   |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.  Part 1: Summarize Your Assets  | supplying correct<br>I schedules after you file |
| Julianize Tour Assets  |   |
|  | Your assets Value of what you own               |
| 1. Schedule A/B: Property (Official Form 106A/B)   |   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$  |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | <u>\$ 16,250.00</u>                             |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$ 16, 250.00                                   |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe              |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>   | \$  |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | s 🔿   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | (D ( (a)  |
| , and the second | + \$ 82,001.00                                  |
| Your total liabilities   | \$ 82,601.00                                    |
| Part 3: Summarize Your Income and Expenses   |   |
| Schedule I: Your Income (Official Form 106I)     Copy your combined monthly income from line 12 of Schedule I  | \$2,740.05                                      |
| 5. Schedule J: Your Expenses (Official Form 106J)  | \$ 2,740.05<br>\$ 2,620.00                      |
| Copy your monthly expenses from line 22c of Schedule J   | <u>\$ 2,620.</u>                                |
| en de la companya de   |   |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 10 of 65

| Debtor 1 | YOUSE       | F Jas      |
|----------|-------------|------------|
|          | Chat blames | 1 C 4 N 51 |

| De | ebtor 1 YOUSEF OOSEPH RACAT Case number (if known)   |
|----|--|
| B  | art 4: Answer These Questions for Administrative and Statistical Records   |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |
|    | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes  |
| 7. | What kind of debt do you have?   |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |
|    | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.   |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:   |
|    | Total claim  |
|    | From Part 4 on <i>Schedule E/F</i> , copy the following:   |
|    | - desarchmander annace en una la   |

| From Part 4 on <i>Schedule E/F</i> , copy the following:   |                    |
|--|--------------------|
| 9a. Domestic support obligations (Copy line 6a.)   | s                  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | . s                |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | s                  |
| 9d. Student loans. (Copy line 6f.)   | <u>s 39,220.00</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | s                  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | + \$               |
| 9g. Total. Add lines 9a through 9f.  | s 39,220.€         |

### Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 11 of 65

| Spouse, if filing) First Name Middle Name Last Name                   | Debtor 1          | Yousef                 | Joseph                       | Rafati    |  |
|---|-------------------|------------------------|------------------------------|-----------|--|
| (Spouse, if filing) First Name Middle Name Last Name                  |                   | First Name             | Middle Name                  | Last Name |  |
| Last Marie  | Debtor 2          |                        |                              |           |  |
|   | (Spouse, if filin | lg) First Name         | Middle Name                  | Last Name |  |
| United States Bankruptcy Court for the: Northern District of Illinois | Jnited State      | s Bankruptcy Court for | the: Northern District of II | llinois   |  |

Check if this is an amended filing

### Official Form 106A/B

Part 1:

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land ☐ Investment property Describe the nature of your ownership Timeshare City ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land investment property Describe the nature of your ownership Timeshare State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property

property identification number:

At least one of the debtors and another

Other information you wish to add about this item, such as local

(see instructions)

|         | Case 17-05   | 777 Doc 1  | Filed 02/28/17 Entered 02/28/17 Document Page 12 of 65   | 12:21:16 Des   | c Main  |
|---------|--|--|--|--|---|
| Debtor  |  | Joseph   | Rafati Case number (   | (known)  |   |
|         | First Name Mid-  | de Name Last Na  | ine State St | ( Killower)  |   |
|         |  |  |  |  |   |
|         |  |  | What is the property? Check all that apply.  | traps a  |   |
| 1.3     | •  |  | ☐ Single-family home   | the amount of any secur                              | laims or exemptions. Put ed claims on Schedule D: |
| 1.3     | Street address, if availab   | e, or other description  | Duplex or multi-unit building  | Creditors Who Have Cla                               | ims Secured by Property.                          |
|         |  |  | ☐ Condominium or cooperative   | Current value of the                                 | Current value of the                              |
|         |  |  | Manufactured or mobile home  | entire property?                                     | portion you own?                                  |
|         |  |  | Land   | \$   | \$  |
|         | <b>\</b>   | n -  | Investment property  |  |   |
|         | City   | atate ZIP Cod  | e 🔲 Timeshare  | Describe the nature                                  | of your ownership                                 |
|         | ( )  | 1 1  | Other  | interest (such as fee<br>the entireties, or a li     | simple, tenancy by<br>fe estate), if known        |
|         | K /  | Ι'   | Who has an interest in the property? Check one.  |  | o odlatoj, ii kilotiii.                           |
|         | 10   |  | Debtor 1 only  |  |   |
|         | County   |  | Debtor 2 only  |  |   |
|         |  |  | Debtor 1 and Debtor 2 only   | Check if this is co                                  | ammunity property                                 |
|         |  |  | At least one of the debtors and another  | (see instructions)                                   | ommanity property                                 |
|         |  |  |  | •  |   |
|         |  |  | Other information you wish to add about this it<br>property identification number:   | em, such as local                                    |   |
|         |  |  |  |  |   |
| 2. Add  | the dollar value of the  | portion you own for  | all of your entries from Part 1, including any entrie r here.  | s for pages  | \$  |
| ,00     | nave attached for 1 art  | r. write that numbe  | r Heig   | ······································               |   |
|         | te a contract of   |  |  | en e   |   |
|         |  |  |  |  |   |
| you own | own, lease, or have leg<br>that someone else drive<br>, vans, trucks, tractors | es. If you lease a vehi  | rest in any vehicles, whether they are registered or cle, also report it on Schedule G: Executory Contracts  | not? Include any vehicle:<br>and Unexpired Leases.   | <b>S</b>  |
|         |  | , sport atmity venicit   | es, motorcycles  |  |   |
|         | =  |  |  |  |   |
|         |  | Tours !-   | <b>Mail</b> .  |  | Maria Agrapasa na raka na na na                   |
| 3.1.    | Make:  | Toyota   | Who has an interest in the property? Check one.  | Do not deduct secured cla                            | ims or exemptions. Put                            |
|         | Model:   | Camry  | Debtor 1 only  | the amount of any secure<br>Creditors Who Have Clain | d claims on Schedule D                            |
|         | Year:  | 2015   | Debtor 2 only  | Aldra Adeltonia, Black Box 2000 and 200              |   |
|         | Approximate mileage:   | 20000  | Debtor 1 and Debtor 2 only   | Current value of the entire property?                | Current value of the portion you own?             |
|         | _  |  | At least one of the debtors and another  | outing biobetth t                                    | portion you own?                                  |
|         | Other information:   | · /A-A-A-A-A   | Double to the second   | ¢  | e   |
|         | leased vehicle   |  | ☐ Check if this is community property (see instructions)   | Φ  | Φ;  |
|         |  |  | a istractions)   |  |   |
| F.F     | b  |  |  |  |   |
| ıт you  | own or have more than  | one, describe here:  |  |  |   |
| 3.2.    | Make:  |  | Who has an interest in the property? Check one.  | Do not deduct secured cla                            |   |
|         | Model:   | 1 10   | Debtor 1 only  | the amount of any secured                            | I claims on Schedule D:                           |
|         | ~ /  |  | Debtor 2 only  | Creditors Who Have Claim                             | s Secured by Property.                            |
|         | Year:  | ++   | Debtor 1 and Debtor 2 only   | Current value of the                                 | Current value of the                              |
|         | Approximate mileage:   | 1 , 7  | At least one of the debtors and another  | entire property?                                     | portion you own?                                  |
|         | Other information:   |  |  |  |   |
|         |  |  | ☐ Check if this is community property (see   | \$   | \$  |
|         |  |  | instructions)  |  |   |
|         | ···· — A Mahadanan ad ad adalah i Marina ana ana anggapapapapapapapa           | The state of the s |  |  |   |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 13 of 65 Document Yousef Joseph Rafati Debtor 1 Case number (if known) First Name Middle Nam Last Nam Who has an interest in the property? Check one. 3.3 Make: Do not deduct secured claims or exemptions, Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year. Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions)

Case 17-05777

Doc 1

Document

Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main

Debtor 1

Yousef

Joseph

Rafati

Page 14 of 65

First Name

Middle Name

Case number (if known)\_

### **Describe Your Personal and Household Items**

| Do    | o you own or have any leg  | al or equitable interest in any of the following items?  | <b>portion</b> Do not de | value of the you own? duct secured claims ions. |
|-------|--|--|--------------------------|---|
| 6.    | Household goods and fu   | ırnishings   | or exemp                 |   |
|       |  | es, furniture, linens, china, kitchenware  |                          |   |
|       | □ No   |  |                          |   |
|       | Yes. Describe  | Furniture, kitchenware   | \$                       | 1,000.00  |
| 7.    | Electronics  |  | •                        |   |
|       | collections; ele   | d radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ctronic devices including cell phones, cameras, media players, games   |                          |   |
|       | No Yes. Describe   | TV no  |                          | 1,000.00  |
|       | •  |  | \$                       | 1,000.00  |
| 8.    | Collectibles of value  |  |                          |   |
|       | Examples: Antiques and figures stamp, coin, or No                | gurines; paintings, prints, or other artwork; books, pictures, or other art objects; baseball card collections; other collections, memorabilia, collectibles   |                          |   |
|       | Yes. Describe  |  | \$                       | 0.00  |
| 9.    | Equipment for sports and   | The state of the s | (                        |   |
| -     | Examples: Sports, photogr  | raphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes repentry tools; musical instruments   |                          |   |
|       | □ No   |  |                          |   |
|       | Yes. Describe  | Gym equipment  | \$                       | 100.00  |
| 10.   | Firearms  Examples: Pistols, rifles, st  No  Yes. Describe       | notguns, ammunition, and related equipment   |                          | • • •   |
|       | Tes. Describe  |  | -\$                      | 0.00  |
|       | Clothes  Examples: Everyday clothe  No                           | es, furs, leather coats, designer wear, shoes, accessories   |                          |   |
|       | Yes. Describe e  | veryday clothes  | \$                       | 400.00  |
|       | Jewelry Examples: Everyday jewelr gold, silver  No Yes. Describe | y, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  | \$                       | 0.00  |
|       | Non-farm animals<br>Examples: Dogs, cats, bird                   | · · · · · · · · · · · · · · · · · · ·  |                          |   |
|       | No No  |  |                          |   |
|       | Yes. Describe  |  | \$                       | 0.00  |
| 14.4  | Any other personal and he  | ousehold items you did not already list, including any health aids you did not list  |                          |   |
|       | ☑ No   |  |                          |   |
|       | Yes. Give specific information.                                  |  | \$                       | 0.00  |
| 15. , | Add the dollar value of all                                      | of your entries from Part 3, including any entries for pages you have attached   | \$                       | 2,500.00  |
| 1     | or Part 3. Write that numl                                       | per here   |                          |   |

Case 17-05777

Doc 1

Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 15 of 65

Debtor 1

Yousef First Name

Joseph

Last Name

Document Rafati

Case number (if known)\_

|       |    | -   |   | 7 | ı |
|-------|----|-----|---|---|---|
| В.,   | С. | J & | L | ü | ı |
| 43.00 |    |     |   |   |   |

**Describe Your Financial Assets** 

Middle Name

| Do you own or have any                                | y legal or equitable interest in   | any of the following?                                     |  |  | portion y | uct secured claims |
|---|--|---|--|--|-----------|--------------------|
| 16. <b>Cash</b> Examples: Money you                   | ı have in your wallet, in your hor                                       | me in a safa donneit hov                                  | and on hand whon you   | r filo your potition                   |           |                    |
| □ No  | Trave in your wallet, in your hor  | ne, in a sale deposit box                                 | , and on hand when you   | ine your petition                      |           |                    |
|   |  |   |  | Cash;                                  | · \$      | 20.00              |
| 17. Deposits of money Examples: Checking, and other s | savings, or other financial accor<br>similar institutions. If you have n | unts; certificates of depos<br>nultiple accounts with the | sit; shares in credit unio<br>same institution, list ea  | ns, brokerage houses<br>ch.            | ,         |                    |
| ☑ Yes   |  | Institution name:   |  |  |           |                    |
|   | 17.1. Checking account:  | Chase   | Western Commence of the Commen | , -, - www.                            | \$        | 150.00             |
|   | 17.2. Checking account:  |   |  |  | \$        | 0.00               |
|   | 17.3. Savings account:   | ***************************************                   |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | \$        | 0.00               |
|   | 17.4. Savings account:   |   |  |  | \$        | 0.00               |
|   | 17.5. Certificates of deposit:   |   |  |  | \$        | 0.00               |
|   | 17.6. Other financial account:   |   |  |  | s         | 0.00               |
|   | 17.7. Other financial account:   |   |  |  | \$        | 0.00               |
|   | 17.8. Other financial account:   |   |  |  | \$        | 0.00               |
|   | 17.9. Other financial account:   |   |  |  | \$        | 0.00               |
| Examples: Bond funds,  No                             | or publicly traded stocks investment accounts with broken                | erage firms, money mark                                   | et accounts  |  |           |                    |
| ☐ Yes   | Institution or issuer name:  |   |  |  |           |                    |
|   |  | . 1707111101  | with the same of t |  | \$        | 0.00               |
|   |  |   | ······································   |  | \$        | 0.00               |
|   | -  |   |  | ************************************** | \$        | 0.00               |
| 19. Non-publicly traded s<br>an LLC, partnership, a   | tock and interests in incorpor<br>and joint venture                      | ated and unincorporate                                    | ed businesses, includi   | ing an interest in                     |           |                    |
| ☑ No  | Name of entity:  |   |  | % of ownership:                        |           |                    |
| Yes. Give specific information about                  |  |   |  | 0%%                                    | \$        | 0.00               |
| them  | ***************************************                                  |   |  | 0%%                                    | \$        | 0.00               |
|   |  |   |  | 0%%                                    | \$        | 0.00               |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 16 of 65 Document Yousef Rafati Debtor 1 Case number (if known)\_ First Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Z No ☐ Yes. Give specific Issuer name: information about 0.00 them..... 0.00 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: , 13,580.00 Prudential 401(k) or similar plan: 0.00 Pension plan: 0.00 IRA: 0.00 Retirement account: 0.00 Keogh: 0.00 Additional account: Additional account: 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas; water), telecommunications companies, or others MO No ☐ Yes..... Institution name or individual: Electric: 0.00 Gas: 0.00 Heating oil: 0.00 0.00 Security deposit on rental unit: \_\_\_ Prepaid rent: 0.00 Telephone: 0.00 Water: 0.00 Rented furniture: 0.00 Other: 0.00

Yes...... Issuer name and description:

**Ø** No

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

0.00 0.00 0.00

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 17 of 65 Yousef Joseph Rafati Debtor 1 Case number (if known) First Name Middle Nam 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Z No ☐ Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00 0.00 0.00 0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them... 0.00 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☑ No Yes. Give specific information about them... 0.00 \$ 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses V No ☐ Yes. Give specific information about them... 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No No ☐ Yes. Give specific information 0.00 Federal: about them, including whether you already filed the returns 0.00 State: and the tax years. ..... 0.00 Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Z No Yes. Give specific information..... 0.00 Allmony: 0.00 Maintenance: 0.00 Support: 0.00 Divorce settlement: 0.00 Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else 2 No

Yes. Give specific information.....

0.00

Yousef Debtor 1 Case number (if known) First Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance **Z** No Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value, ... 0.00 0.00 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim. 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims 2 No Yes. Describe each claim..... 0.00 35. Any financial assets you did not already list ☑ No Yes. Give specific information. 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? 2 No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe.... 39. Office equipment, furnishings, and\supplies Examples: Business celated computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No Yes. Describe.

Case 17-05777

Doc 1

Filed 02/28/17

Document

Entered 02/28/17 12:21:16

Page 18 of 65

| Debtor 1            | Case 17-05777  | Doc 1 Joseph                         | Filed 02/28/17<br>Document<br>Rafati   | Entered 02/28/17 12:21:16 Page 19 of 65  Case number (if known)  |   |
|---------------------|--|--------------------------------------|--|--|---|
|                     | First Name Middle Name                               |                                      | Name   | Case Hunidel (I known)   |   |
| □ No                | ery, fixtures, equipment,                            |                                      |  | ools of your trade   |   |
|                     |  |                                      |  | The second secon | \$  |
| 41. Invento  No Yes | ry . Describe  | ett o gt o generale ga o e           | . ^  |  | \$  |
|                     |  | \                                    |  | COLOR OF THE SECTION  | and a materials gr  |
| 42. Interest        | s in partnerships or join                            | t ventures                           | / /  |  |   |
|                     | . Describe Name of e                                 | entity:                              |  | % of owners  | hin:  |
|                     | <u> </u>   |                                      |  |  | \$  |
|                     | \  |                                      | //   | %  | \$  |
|                     | <del>\</del>   | <del></del>                          |  | %  | \$  |
| 43. Custom          | er lists, mailing lists, or                          | other complia                        | ations \   |  |   |
| ☐ No ·              | <b>,</b> \   |                                      |  |  |   |
| ☐ Yes.              |  | rsonally iden                        | tifiable information (as   | defined in 11 U.S.C. § 101(41A))?  |   |
|                     | Yes, Describe  | an and a commission of a contract of | maryan arini 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   |  | and and the state of the state |
|                     |  |                                      |  |  | \$  |
| 44 Apyr bue         | iness-related property y                             | and removed the second               | 1  | A POP A TABLE IN THE TABLE AND THE CONTROL OF THE SHARE AND AND A POP A POP AND A POP  | TO STOP AND ADMINISTRATE CO.  |
| □ No                | mess-related property y                              | on all upt an                        | eady\iist  |  | •   |
|                     | Give specific \                                      |                                      |  |  | ¢   |
| intori              | mation   |                                      |  | The Paris of the Control of the Cont | · •   |
|                     | 1  |                                      |  |  | · •   |
|                     |  |                                      | *  |  | \$  |
|                     | ***************************************              | ·                                    |  | The state of the s |   |
|                     |  | 7-0-0011-00-01                       |  |  |   |
|                     |  | <del></del>                          |  |  | \$  |
| 45. Add the         | dollar value of all of you                           | r entries from                       | Part 5, including any e  | entries for pages you have attached  | sO  |
| 1011 411            | o. witte that humber he                              | C                                    |  |  | . •   |
|                     |  |                                      |  |  |   |
| Part 6:             | Describe Any Farm-                                   | and Comme                            | rcial Fishing-Related  | Property You Own or Have an Intere   | est In.   |
|                     | If you own or have an in                             | terest in farm                       | land, list it in Part 1.   | -  |   |
| 46 Do you c         | wn or have any legal or                              | equitable inte                       | rost in any farm, or co-   | mmercial fishing-related property?   |   |
|                     | So to Part 7.  | equitable lifte                      | rest in any farin- of col  | illiercial listing-related property?   | ·   |
| Yes.                | Go to line 47.                                       |                                      |  |  | gg Natha ann a heithean fa an ag an tgail ag  |
|                     |  |                                      |  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |
| 47. Farm an         | 1  | . ا                                  |  |  | * * * * * * * * * * * * * * * * * * *   |
| Example:            | s: Livestock, poultry yarm-                          | raiseditish                          |  |  |   |
|                     |  |                                      | tana tahun tah |  |   |
|                     | 1  | ,                                    |  |  |   |
|                     | Line to the second and a submission of the propagate | CT9 weerstaansmaansservery           |  |  | \$  |
|                     |  |                                      |  |  |   |

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|--------------------|-----------------------|--|--|--|--|--|--|
| Debtor 1           | Yousef<br>First Name  |  | Joseph   | Document<br>Rafati   | Page 20 c  | )I OO<br>Case number (if known)  |  |
|                    | rirst Name            | Middle Name  | Lasi Na  | me   |  |  | 1,74,114   |
| 48. Crops-         | either growing        | or harveste  | ed   |  |  |  |  |
| □ No               |                       | Section and the section of the secti |  |  | recorder contractor on the of the lands arrowned moves one yes given by  |  |  |
| Yes.               | Give specific mation. |  |  | •  |  |  |  |
|                    | \                     | · · · · · · · · · · · · · · · · · · ·  | ~  |  |  | nga taka sa kasamagan sa sa kabibah kapa sa ama sa garapa ka asa sa agara sa asa sa s  | \$   |
| 49. Farm an        | a risning equi        | oment, imple   | ements, mac  | hinery, fixtures, and to   | ols of trade   |  |  |
| ☐ Yes.             |                       |  | - // >   | tray francisco con men e e e e e e e e e e e e e e e e e   | t a time on the programming of the programming the constraint of the large particle and the programming of the large particle and the programming of the large particle and the large p | ·····································  | \$ 1.0 ft of the armonia, a consequence  |
|                    | land the second       |  |  |  | T-MARY-2   |  | \$   |
| 50. Farm an        | d fishing supp        | lies, chemic   | als, and feed  |  |  | and the second s | er of the trapping times and additional  |
| □ No               |                       |  |  |  |  |  |  |
| ₩ Yes.             | ·····                 |  |  |  |  | and to a managed in the contract and an extension of the physical and the second of the contract and the second of the contract and the second of the second | Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-   |
| Ed Amus form       | C.                    | THE RESERVE OF THE PROPERTY OF | errore to the color data of the first and management to the color data.  | egytteshkeskeyte, i i i i i i i i i i i i i i i i i i i  |  | andries are the second symmetric of the collection and the second second second second second second second se   | \$   |
| 51. Any tarn       | - and commer          | cial fishing-  | related prop   | erty you did not alread  | -  |  |  |
|                    | Give specific         |  | 10000  |  | Annual year on the Administration of the Adm | The control commencer of the control |  |
|                    | 1                     |  |  | 9444data   |  | -  | \$   |
| 52. Add the        | dollar value of       | all of your  | entries from l   | Part 6, including any e  | ntries for pages   | you have attached  | , s  |
| \$ ******          |                       |  |  |  | ······································   |  | <b>→</b>   |
| (cycles) Alemanyay | _                     |  |  |  |  |  |  |
| Part 7:            | Describe A            | II Propert   | y You Ow   | n or Have an Inte  | est in That  | You Did Not List Abo   | ove  |
| 53. Do you h       | nave other prop       | perty of any   | kind you did   | not already list?  |  |  |  |
| Examples:<br>No    | Season tickets, c     | country club me  | embership  |  |  | •  | :<br>:   |
| TYes.              | Give specific         |  |  |  | N [  | / /  | \$   |
| inforn             | nation                |  |  |  | 17/  |  | \$   |
|                    |                       |  | The state of the s |  | en statutum and an analysis of the state of  |  | \$   |
| 54. Add the o      | lollar value of       | all of your o  | ntrice from C  | last 7 Million short   | <b>t</b>   |  |  |
| on the c           | Jona: Value Of        | an or your e   | naies nom F  | art 7. write that numbe  | er nere  |  | <b>→</b>   |
|                    |                       | te Charge Ethiological Control (a Duray) at Heire, we  | and a section of the  | to device the control to the control of the control | at the attack of the manager of the artists of the  | esperimenta de 1906. De errogo, como o persona de la colonidad de esperador de la colonidad de esperador de la   | to the control of the properties of the transfer papers and the control of the co |
| Part 8:            | List the Tot          | als of Ea  | ch Part of   | this Form  |  |  |  |
| 55. Part 1: To     | otal real estate,     | line 2   |  |  | *************************  |  | → \$ 0.00  |
|                    | otal vehicles, li     |  |  | \$   | 0.00   |  |  |
|                    | tal personal a        |  | ld itame lina  | 15 ¢   | 2,500.00   |  |  |
|                    | tal financial as      |  | •  | 9  | 13,750.0   | v  |  |
|                    | tal business-re       |  |  | <b>3</b>   | 0.00   |  |  |
|                    |                       |  |  | \$   | 0.00   |  |  |
|                    | tal farm- and fi      |  |  | me 3∠ \$   | ***************************************  |  |  |
|                    | tal other prope       |  |  | ** \$  | 0.00   |  |  |
| 62. Total pers     | sonal property.       | Add lines 56   | through 61   | \$ <u></u>   | 1250.00  | Copy personal property tota  | → +s 16,250.00   |
|                    | _                     |  |  |  |  |  |  |
| 63. Total of al    | I property on S       | Schedule A/I   | 3. Add line 55   | + line 62  |  |  | \$16,250.00  |
|                    |                       |  |  |  |  |  |  |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 21 of 65

| Middle Name    |  |
|----------------|--|
| witting Mattie | Last Name  |
|                |  |
| Middle Name    | Last Name  |
|                | Middle Name<br>urt for the: Northern District of III |

☐ Check if this is an amended filing

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1 Which got of exemptions are you also in   | 2.011                                 |  |  |
|---|---------------------------------------|--|--|
| Which set of exemptions are you claiming  |                                       |  |  |
| You are claiming state and federal nonb   | ankruptcy exemptions. 11              | U.S.C. § 522(b)(3)   |  |
| ☐ You are claiming federal exemptions. 1:   | 1 U.S.C. § 522(b)(2)                  |  |  |
|   |                                       |  |  |
| 2. For any property you list on Schedule All  | that you claim as exem                | pt, fill in the information below.   |  |
| ganer Lotteg akkryppinistikane 200  |                                       | Oranganasi mga marangan mananan na marangan mga  | De la Maria de Carlos de Branco de Carlos de Carlo |
| Brief description of the property and line o<br>Schedule A/B that lists this property | Current value of the postion you own  | Amount of the exemption you claim  | Specific laws that allow exemption   |
|   | Copy the value from Schedule A/B      | Check only one box for each exemption.   |  |
|   |                                       | Andre Henry Species for the property of the control | menne end og gordfillelfellelfellelfelle green at  |
| Brief description:  | . \$                                  | <b>□</b> \$  |  |
| Line from   | · · · · · · · · · · · · · · · · · · · | 100% of fair market value, up to   |  |
| Schedule A/B  |                                       | any applicable statutory limit   |  |
|   |                                       |  |  |
| Brief \   | •                                     |  |  |
| description:  | . \$                                  | <u> </u>   |  |
| Line from   |                                       | 100% of fair market value, up to   |  |
| Schedule A/B:   |                                       | any applicable statutory limit   |  |
| Brief   |                                       | ъ.   |  |
| description:  | <b>3</b>                              | <u> </u>   |  |
| Line from   |                                       | ☐ 100% of fair market value, up to   |  |
| Schedule A/B:   |                                       | any applicable statutory limit   |  |
| 3. Are you claiming a homestand   |                                       | •  |  |
| 3. Are you claiming a homestead exemption   |                                       |  |  |
| (Subject to adjustment on 4/01/19 and every   | 3 years aπer that for case            | s filed on or after the date of adjustment.)   |  |
| ☑ No  |                                       |  |  |
| Yes. Did you acquire the property covere  | d by the exemption within             | 1,215 days before you filed this case?   |  |
| ☐ No  |                                       |  |  |
| ☐ Yes   |                                       |  |  |

Case 17-05777

Document

Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 22 of 65

Debtor 1

Yousef First Name

Joseph Last Name

Rafati

Case number (if known)

### **Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own | Amount of the exemption you claim                                  | Specific laws that allow exemption   |
|--|--------------------------------------|--|--|
| A Committee of the Comm | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                              |  |
| Brief description:   | \$                                   | <b>D</b> \$  |  |
| Line from  |                                      | 100% of fair market value, up to<br>any applicable statutory limit |  |
| Brief description:   | \$                                   | <b>-</b> \$  |  |
| Line from Schedule A/B:  |                                      | 100% of fair market value, up to any applicable statutory limit    |  |
|  | ***                                  |  |  |
| Brief description:   | \$                                   | <b>0</b> \$  |  |
| Line from Schedule A/B:  |                                      | 100% of fair market value, up to<br>any applicable statutory limit | 999000   |
| Photo &  |                                      |  |  |
| Brief description:   | \$                                   | <b>-</b> \$  |  |
| Line from  |                                      | 100% of fair market value, up to                                   |  |
| Schedule A/B:  |                                      | any applicable statutory limit                                     |  |
| Brief description:   | \$                                   | <b>D</b> \$  |  |
| Line from  |                                      | ☐ 100% of fair market value, up to                                 |  |
| Schedule A/B:  |                                      | any applicable statutory limit                                     | PARAMETER STATE OF THE STATE OF |
| Brief description:   | \$                                   | <b>□</b> \$  |  |
| Line from  |                                      | 100% of fair market value, up to                                   | •  |
| Schedule A/B:  |                                      | any applicable statutory limit                                     | ***************************************  |
| Brief  | •                                    | <b>s</b>   | •  |
| description:   | Ψ                                    | 100% of fair market value, up to                                   |  |
| Line fromSchedule A/B:   |                                      | any applicable statutory limit                                     |  |
| Brief  |                                      | ···  |  |
| description:   | \$                                   | <b>\$</b>  |  |
| Line from  |                                      | 100% of fair market value, up to                                   |  |
| Schedule A/B: ———  | •                                    | any applicable statutory limit                                     |  |
| Brief  | •                                    |  |  |
| description:   | \$                                   | <b></b>  |  |
| Line from  |                                      | 100% of fair market value, up to                                   |  |
| Schedule A/B:  |                                      | any applicable statutory limit                                     | The state of the s |
| Brief  | \$                                   | <b></b> \$   | ·  |
| description:   | ¥ <u></u>                            | 100% of fair market value, up to                                   |  |
| Line from Schedule A/B:  |                                      | any applicable statutory limit                                     |  |
| Brief description:   | \$                                   | <b>□</b> \$  |  |
| Line from  | *                                    | ☐ 100% of fair market value, up to                                 |  |
| Schedule A/B: ——   |                                      | any applicable statutory limit                                     | 7 - 1- |
| Brief  |                                      |  |  |
| description:   | \$                                   | <u> </u>   |  |
| Line from  |                                      | 100% of fair market value, up to                                   |  |
| Schedule A/B:  |                                      | any applicable statutory limit                                     |  |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 23 of 65

| First Name           | Middle Name                 | Last Name  |
|----------------------|-----------------------------|--|
| Ezet Alama           | VII                         |  |
| First Name           |                             |  |
| Institute            | Middle Name                 | Last Name  |
| Bankruptcy Court for | the: Northern District of t | llinois  |
|                      |                             |  |
|                      | Bankruptcy Court for        | Bankruptcy Court for the: Northern District of I |

☐ Check if this is an amended filing

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - The Yes. Fill in all of the information below.

| for each claim. If more than one creditor   | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. phabetical order according to the creditor's name. | Column A  Amount of claim  Do not deduct the value of collateral.  | Column B  Value of collateral that supports this claim | Column C Unsecurer portion If any |
|---|--|--|--|-----------------------------------|
| 2.1   | Describe the property that secures the claim:  | \$   | \$   | \$                                |
| Creditor's Name  Number Street  |  | The second secon |  |                                   |
| City Slate ZIP Code   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   |  |  |                                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |  |  |                                   |
| Debtor 1 only Debtor 2 only   | An agreement you hade such as mortgage or secured cal loan)  |  |  |                                   |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, mechanic's lien)   |  |  |                                   |
| ☐ At least one of the debtors and another ☐ Checkiff this claim relates to a commonity debt | User (including a right to offset)   | -  |  |                                   |
| Date debt was incurred  | Last 4 digits of account number  |  |  |                                   |
| 2.2   | Describe the property that secures the claim:  | \$   | \$   | 5                                 |
| Creditor's Name  Number Street  |  | The second secon |  |                                   |
|   | As of the date you file, the claim is: Check all that apply.   | near-  |  |                                   |
|   | Contingent   |  |  |                                   |
| City State ZIP Code   | Unliquidated Disputed  |  |  |                                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |  |  |                                   |
| Debtor 1 only Debtor 2 only   | <ul> <li>An agreement you made (such as mortgage or secured<br/>car loan)</li> </ul>   |  |  |                                   |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, mechanic's lien)   |  |  |                                   |
| At least one of the debtors and another   | Judgment lien from a lawsuit   |  |  |                                   |
| Check if this claim relates to a community debt   | Other (including a right to offset)  |  |  |                                   |
| Date debt was incurred  | Last 4 digits of account number  |  |  |                                   |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 24 of 65

| Debtor 1 Yousef Jos  | eph Rafati Case nu   | mber (if known)  | white was a second of the seco | THE TAIL SECTION AND ADDRESS OF THE TAIL SECTION ADDRESS OF THE TAIL SECTION AND ADDRESS OF THE TAIL SECTION AND ADDRESS OF TH |
|--|--|--|--|--|
| Additional Page Part 1: After listing any entries on this by 2.4, and so forth.  | page, number them beginning with 2.3, followed   | Column A  Amount of claim  Do not deduct the value of collateral.  | Column B Value of collateral that supports this claim  | Column C Unsecured portion If any  |
|  | Describe the property that secures the claim:  | \$   | \$   | \$   |
| Creditor's Name  |  |  |  | Φ  |
| Number Street  |  |  |  |  |
| City State ZiP Code  | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  | · •  |  |  |
| Who owes the debt? Check one.  | 7,7,   |  |  |  |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt   | Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)                       | X  |  |  |
| Date debt was incurred   | Last 4 digits of account number  |  |  |  |
| THE STATE OF CHARLES STATE STATE AND A STATE OF A PROPERTY AND A STATE OF A S |  | the state of the s | independent and the second of the second of the second second second second second second second second second   | eloktitima kitanin kirylanat ortalat oli 1970 aika   |
| Creditor's Name  | Describe the property that secures the claim:  | \$   | \$\$   | )<br>  |
| Creditor 5 Name  |  | 1  |  |  |
| Number Street  | As of the date you file, the claim is: Check all that apply.   | Per Annual Control of  |  |  |
| City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  | Contingent  Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset) |  |  |  |
| Date debt was incurred   | Last 4 digits of account number  |  |  |  |
| Creditor's Name  Number Street   | Describe the property that secures the claim:  | to have the control of the control o | \$\$   | e Nemed et Remedia Andrea et Remedia e   |
| City State ZIP Code  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   |  |  |  |
| Who owes the debt? Check one.  |  |  |  |  |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a  | Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)                       |  |  |  |
| community debt   | Land Bridge Co.  |  |  |  |
| Date debt was incurred   | Last 4 digits of account number  | WAAAAAA Maadaa Maadaa Aaraa ay a  |  |  |

Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document

List Others to Be Notified for a Debt That You Already Listed

Page 25 of 65

Debtor 1

Part 2:

Yousef First Name

Joseph

Rafati

Case number (if known)

| Use this page only if you have others to be notified about your bankruptcy for agency is trying to collect from you for a debt you owe to someone else, list the you have more than one creditor for any of the debts that you listed in Part 1, be notified for any debts in Part 1, do not fill out or submit this page.   | ne creditor in Part 1, and then list the collection agonou have Similarly is   |
|--|--|
|  | On which line in Part 1 did you enter the creditor?  |
| Name   | Last 4 digits of account number  |
| Number Street  | -  |
|  | <del></del>  |
| City Stale ZIP Code  |  |
|  | On which line in Part 1 did you enter the creditor?  |
| Name   | Last 4 digits of account number  |
| Number Street  |  |
|  |  |
| City State ZIP Code  | - 📈 📑  |
|  | On which line in Part 1 did you enter the creditor?  |
| Name   | Last 4 digits of account number  |
| Number Street  |  |
| Number Street  |  |
|  |  |
| City State ZIP Code  |  |
| ·  | On which line in Part 1 did you enter the creditor?  |
| Name   | Last 4 digits of account number  |
| Number Street  |  |
|  |  |
| City State ZIP Code  |  |
|  | On which time in Donald distance to the Control of  |
|  | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number   |
|  |  |
| Number Street  |  |
| man control of the co |  |
| City State ZIP Code  |  |
|  | On which line in Part 1 did you enter the creditor?  |
| Name   | Last 4 digits of account number  |
| Number Street  |  |
| NAME OF THE PROPERTY OF THE PR |  |
| <u> </u>   |  |
| City State ZIP Code  | A control of the cont |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 26 of 65 Document Fill in this information to identify your case: Yousef Joseph Rafati Debtor 1 Middle Name First Name Debtor 2 (Spouse, if fiting) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an (If known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☑ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Don estic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were Is the claim subject to offset? intoxicated No. Other, Specify Yes Last\4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent Unliquidated Code Disputed Who incurred the debt? Check one. Debtor 1 only

Official Form 106E/F

□ No
□ Yes

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

Domestic support obligations

intoxicated

Other, Specify

Debtor 1

Yousef

Joseph

Document

| 2,20,11            | 12.21.10  | Desc Mai                                |
|--------------------|-----------|---|
| 65<br>ase number ( | if known) |   |
| ,                  | ·         | *************************************** |
|                    | 65        | 65<br>ase number (if known)             |

| fter listing any entries on this page, number ther | n beginning with 2.3, followed by 2.4, and so forth.                                  | Total claim  | Priority<br>amount   | Nonpriority<br>amount  |
|--|---|--|--|--|
|  | Last 4 digits of account number   | •  |  |  |
| Priority Creditor's Name                           | Last 4 digits of account number   | Ψ  | <b>3</b>   | <b>a</b>   |
| Number Street                                      | When was the debt incurred?   |  |  |  |
| Oliber Street                                      | An of the determinant of the short of the second                                      |  |  |  |
|  | As of the date you file, the claim is: Check all that apply.                          |  |  |  |
| City State ZIP Code                                | Contingent  |  |  |  |
| City State ZIP Code                                | Unliquidated Disputed   |  |  |  |
| Who incurred the debt? Check one.                  | Ulsputed  |  |  |  |
| Debtor 1 only                                      | Type of PRIORITY unsecured claim:   |  |  |  |
| Debtor 2 only                                      | ☐ Domestic support obligations  |  |  |  |
| Debtor 1 and Debtor 2 only                         | Taxes and certain other debts you owe the government                                  |  |  |  |
| At least one of the debtors and another            | Claims for death or personal injury while you were                                    |  |  |  |
| ☐ Check if this claim is for a community debt      | intoxicated   |  |  |  |
| An description of the second                       | Other. Specify  |  |  |  |
| Is the claim subject to offset?                    |   |  |  |  |
| □ No □ Yes   |   |  |  |  |
|  |   |  |  |  |
|  | an in man man and an                              | Bilderpore popular propries errorant productiva de Signica y anglisia  | History assured activity and and Adelerations.   | MREENS PLANEAUNIC PROSERVE SPORTER SPO |
| Priority Creditor's Name                           | Last 4 digits of account number   | \$   | \$   | \$   |
|  | When was the debt incurred?   |  |  |  |
| Number Street                                      | vivien was the debt incurred;   |  |  |  |
|  | As of the date you file, the claim is: Check all that apply.                          |  |  |  |
|  | ☐ Contingent  |  |  |  |
| City State ZIP Code                                | Unliquidated  |  |  |  |
| •••  | ☐ Disputed  |  |  |  |
| Who incurred the debt? Check one.                  |   |  |  |  |
| Debtor 1 only                                      | Type of PRIORITY unsecured claim:   |  |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only           | Domestic support obligations  |  |  |  |
| At least one of the debtors and another            | Taxes and certain other debts you owe the government                                  |  |  |  |
|  | Claims for death or personal injury white you were                                    |  |  |  |
| ☐ Check if this claim is for a community debt      | intoxicated  Other. Specify   |  |  |  |
| Is the claim subject to offset?                    |   |  |  |  |
| □ No   | \   |  |  |  |
| Yes  |   |  |  |  |
|  |   | Company of the control of the contro | TO COLO TO COLO CONTRACTOR STREET, STR | Defendance of the community of the commu |
|  | Last 4 digits of account number   | \$\$   |  | \$   |
| Priority Creditor's Name                           |   |  |  |  |
| Number Street                                      | When was the debt incurred?   |  |  |  |
|  | As of the date you file, the claim is: Check all that apply.                          |  |  |  |
|  |   |  |  |  |
|  | Contingent  |  |  |  |
| City State ZIP Code                                | Unliquidated Disputed   |  |  |  |
| Who incurred the debt? Check one.                  | Cisputed .  |  |  |  |
| Debtor 1 only                                      | Type of PRIORITY unsecured claim:   |  |  |  |
| Debtor 2 only                                      |   |  |  |  |
| Debtor 1 and Debtor 2 only                         | Domestic support obligations     Taxes and certain other debts you owe the government |  |  |  |
| At least one of the debtors and another            | Claims for death or personal injury while you were                                    |  |  |  |
| ☐ Check if this claim is for a community debt      | intoxicated   | el militar for formera en súcrear encouras ser persona personar  | er senning section assumpting of mathematical energy   | or the second state of the second   |
| In the eleien publication offices                  | Other. Specify  |  |  |  |
| Is the claim subject to offset?                    |   |  |  |  |
| □ No   |   |  |  |  |

Official Form 106E/F

| , 1      | Case 17-05777          | Doc 1    | Filed 02/28/17 | Entered 02/28/17 12:21:16  | Desc Main |
|----------|------------------------|----------|----------------|--|-----------|
| Debtor 1 | Yousef                 | Joseph   | Document       | Page 28 of 65  |           |
|          | First Name Middle Name | Last Na: | me             | The state of the s |           |

| P   | 171:24 List All of Your NONPRIORITY U                              | nsecured Clain   | 15  |   |
|-----|--|--|---|---|
| 3.  | Do any creditors have nonpriority unsecured                        |  |   |   |
|     | No. You have nothing to report in this part. S                     |  |   |   |
| 4-  | nonpriority unsecured claim, list the creditor sepa                | arately for each cla   | al order of the creditor who holds each claim. If a creditor had aim. For each claim listed, identify what type of claim it is. Do not not, list the other creditors in Part 3.If you have more than three no | t list claims already<br>onpriority unsecured |
| 4.1 | Advocate Luthran General   |  | Last 4 digits of account number 2 3 0 9   | Total claim                                   |
|     | Nonpriority Creditor's Name  |  | When was the debt incurred?   | \$ 200.00                                     |
|     | 1775 Dempster St<br>Number Street                                  |  |   |   |
|     | Park Ridge IL City State   | 60068<br>ZIP Code  | As of the date you file, the claim is: Check all that apply.  |   |
|     | Who incurred the debt? Check one.                                  | Zir Gode   | Contingent Unliquidated Disputed  |   |
|     | Debtor 2 only Debtor 1 and Debtor 2 only                           |  | Type of NONPRIORITY unsecured claim:  |   |
|     | ☐ At least one of the debtors and another                          |  | Student loans   |   |
|     | ☐ Check if this claim is for a community debt                      |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | ;<br>;  |
|     | Is the claim subject to offset?                                    |  | Debts to pension or profit-sharing plans, and other similar debts   |   |
|     | Yes  |  | Other, Specify  | :<br>:  |
| 4.2 | Affirm Nonpriority Creditor's Name                                 | to a since of ministration that we are according to the contract of the contra | Last 4 digits of account number B 9 A Q When was the debt incurred?   | s 2,813.00                                    |
|     | PO Box 720<br>Number Street  |  |   |   |
|     | San Francisco CA   | 94104  | As of the date you file, the claim is: Check all that apply.  |   |
|     | Who incurred the debt? Check one.  Debtor 1 only                   | ZiP Code   | ☐ Contingent☐ Unliquidated · ☐ Disputed   |   |
|     | Debtor 2 only  |  | Type of NONPRIORITY unsecured claim:  |   |
|     | Debtor 1 and Debtor 2 only At least one of the debtors and another |  | Student loans   |   |
|     | ☐ Check if this claim is for a community debt                      |  | Obligations arising out of a separation agreement or divorce  |   |
|     | Is the claim subject to offset?                                    |  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts Other. Specify  | ***   |
|     | Yes  |  |   |   |
| 4.3 | Argon Credit   |  | Last 4 digits of account number1 _61 _3   | s 6,217.00                                    |
|     | Nonpriority Creditor's Name 200 W Jackson Blvd Ste 900             | 4  | When was the debt incurred?   | s <u>0,217.00</u>                             |
|     | Number Street  | 0.000  |   |   |
|     | Chicago IL City State  | 60606<br>ZIP Code  | As of the date you file, the claim is: Check all that apply.  |   |
|     | Who incurred the debt? Check one.                                  |  | Contingent  |   |
|     | Debtor 1 only  |  | ☐ Unliquidated☐ Disputed  |   |
|     | Debtor 2 only Debtor 1 and Debtor 2 only                           |  | ·   |   |
|     | At least one of the debtors and another                            |  | Type of NONPRIORITY unsecured claim:  |   |
|     | ☐ Check if this claim is for a community debt                      |  | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce</li></ul>  | 1   |
|     | Is the claim subject to offset?                                    |  | that you did not report as priority claims  |   |
|     | No No Yes  |  | Debts to pension or profit-sharing plans, and other similar debts Other. Specify  | :   |

Schedule E/F: Creditors Who Have Unsecured Claims

Case 17-05777

Doc 1

Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main

Debtor 1

Yousef

Joseph Middle Name

Document Last Name

Page 29 of 65
Case number (# known)

Part 2

|     | er listing any entries on this page, r   |  | em beginning with  | h 4.4, followed by 4.5, and so forth.   | Total claim     |
|-----|--|--|--|---|-----------------|
| 4.4 | AT&T Uverse  |  |  | Last 4 digits of account number 4 6 7 0   | s 240.00        |
|     | Nonpriority Creditor's Name PO BOX 5014  |  |  | When was the debt incurred?   |                 |
|     | Number Street Carol Stream   | IL.                                    | 60197  | As of the date you file, the claim is: Check all that apply.  |                 |
|     | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a comm Is the claim subject to offset? Yes     | State                                  | ZIP Code   | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify               |                 |
| 45  | Capital One Nonpriority Creditor's Name  |  |  | Last 4 digits of account number 7 8 1 7   | s <u>922.00</u> |
|     | PO BOX 85015   |  |  | When was the debt incurred?   |                 |
|     | Number Street Richmond   | VA                                     | 23285  | As of the date you file, the claim is: Check all that apply.  | 1               |
|     | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a commuls the claim subject to offset?  No Yes |  | ZIP Code   | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |                 |
| 46  | Credit One Bank Nonpriority Creditor's Name  | esplicit est en est en est en en en en | t Stort I i Stort a Ann Egy a A Eine Soare de la reaction de la serie en comme con g | Last 4 digits of account number 4 7 1 7   | ş 595.00        |
|     | PO BOX 85015   |  |  | When was the debt incurred?   |                 |
|     | Number Street Richmond   | VA                                     | 23285  | As of the date you file, the claim is: Check all that apply.  |                 |
|     | City   | State                                  | ZIP Code   | Contingent  |                 |
|     | Who incurred the debt? Check one.  |  |  | ☐ Unliquidated ☐ Disputed   |                 |
|     | ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  |  |  | Type of NONPRIORITY unsecured claim:  Student loans   |                 |
|     | ☐ Check if this claim is for a commu   |  |  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>   |                 |
|     | Is the claim subject to offset?  | ,                                      |  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |                 |

Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 30 of 65

Debtor 1

Yousef

Joseph

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| 4.7 | Comenity Bank/Carsons                            |  | ***************************************          | Last 4 digits of account number 9 4 1 3   | \$_1,144.00                                |
|-----|--|--|--|---|--|
|     | 1PO BOX 182789                                   |  |  | When was the debt incurred?   |  |
|     | Number Street Columbus                           | ОН   | 43218  | As of the date you file, the claim is: Check all that apply.  |  |
|     | City   | State  | ZIP Code   | Contingent Unliquidated   |  |
|     | Who incurred the debt? Check one.  Debtor 1 only |  |  | ☐ Disputed  |  |
|     | Debtor 2 only Debtor 1 and Debtor 2 only         |  |  | Type of NONPRIORITY unsecured claim:  |  |
|     | At least one of the debtors and another          | r  |  | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul> |  |
|     | ☐ Check if this claim is for a commi             | unity debt   |  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |  |
|     | Is the claim subject to offset?                  |  |  | Other. Specify  |  |
|     | ☑ No<br>☐ Yes                                    |  |  |   |  |
| 48  | Comenity Bank/Express                            | ***********************                                      | ere          | Last 4 digits of account number 8 2 3 0   | \$ 1,373.00                                |
|     | Nonpriority Creditor's Name                      |  |  |   | \$_1,575.00                                |
|     | PO BOX 182789  Number Street                     |  |  | When was the debt incurred?   |  |
|     | Columbus   | ОН   | 43218  | As of the date you file, the claim is: Check all that apply.  |  |
|     | City   | State  | ZIP Code   | Contingent Unliquidated   |  |
|     | Who incurred the debt? Check one.                |  |  | Disputed  |  |
|     | Debtor 1 only Debtor 2 only                      |  |  | Type of NONPRIORITY unsecured claim:  |  |
|     | Debtor 1 and Debtor 2 only                       |  |  | Student loans   |  |
|     | At least one of the debtors and another          | -  |  | Obligations arising out of a separation agreement or divorce that   |  |
|     | ☐ Check if this claim is for a commu             | nity debt  |  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |  |
|     | Is the claim subject to offset?                  |  |  | Other. Specify  |  |
| 4.9 |  | e Medigane S. era e e e e S. e anno a e e a e e anno a e e e | rentrelimititi muitata era neg a runsar neum (eg |   | en et et est est est est est est est est e |
|     | Comenity Capital Bank/GEM-                       | Zales  |  | Last 4 digits of account number 8 3 3 4   | \$ 870.00                                  |
|     | PO BOX 182120                                    |  |  | When was the debt incurred?   |  |
|     | Number Street Columbus                           | ОН   | 43218  | As of the date you file, the claim is: Check all that apply.  |  |
|     | City   | State  | ZIP Code   | Contingent Unliquidated   |  |
|     | Who incurred the debt? Check one.  Debtor 1 only |  |  | ☐ Disputed  |  |
|     | Debtor 2 only                                    |  |  | Type of NONPRIORITY unsecured claim:  |  |
|     | Debtor 1 and Debtor 2 only                       |  |  | Student loans   |  |
|     | At least one of the debtors and another          |  |  | Obligations arising out of a separation agreement or divorce that   |  |
|     | Check if this claim is for a commu               | nity debt  |  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |  |
|     | Is the claim subject to offset?                  |  |  |   |  |

Doc 1

Debtor 1

Yousef

Joseph

Document

Page 31 of 65
Case number (# known)

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| ter listing any entries on thi   |  |   | And the state of Market and the state of the |                     |  |
|--|--|---|--|---------------------|--|
| Credit One Bank Nonpriority Creditor's Name  | Power and the second se |   | Last 4 digits of account number 3 0 5 5  | <sub>\$1,800</sub>  |  |
| PO BOX 98873   | - 15.00  |   | When was the debt incurred?  | T                   |  |
| Number Street Las Vegas  | NV   | 89193   | As of the date you file, the claim is: Check all that apply.   |                     |  |
| City   | State  | ZIP Code  | Contingent   |                     |  |
| Who incurred the debt? Che   | ack one  |   | Unliquidated   |                     |  |
| Debtor 1 only  | on one.  |   | ☐ Disputed   |                     |  |
| Debtor 2 only  |  |   | Tuno of NONDDIODITY amounted also  |                     |  |
| Debtor 1 and Debtor 2 only   |  |   | Type of NONPRIORITY unsecured claim:   |                     |  |
| At least one of the debtors a  | and another  |   | ☐ Student loans  |                     |  |
| ☐ Check if this claim is for   | a community debt   |   | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>  |                     |  |
| Is the claim subject to offse  | •  |   | Debts to pension or profit-sharing plans, and other similar debts  |                     |  |
| No   | 1;   |   | Other, Specify   |                     |  |
| Yes  |  |   |  |                     |  |
| 0.000  |  |   | Last 4 digits of account number 6 6 4 7  |                     |  |
| CWS/CW Nexus Nonpriority Creditor's Name   |  |   | Last 4 digits of account number 0 0 4 /  | s <u>889</u>        |  |
| 101 Crossways park D   | )r W   |   | When was the debt incurred?  |                     |  |
| Number Street Woodbury   | NY   | 11797   | As of the date you file, the claim is: Check all that apply.   |                     |  |
| City   | State  | ZIP Code  | Contingent   |                     |  |
| Who incurred the debt? Che   | ck one   |   | Uniliquidated  |                     |  |
| Debtor 1 only  | ona.   |   | ☐ Disputed   |                     |  |
| Debtor 2 only  |  |   | Type of NONPRIORITY unsecured claim:   |                     |  |
| Debtor 1 and Debtor 2 only   |  |   |  |                     |  |
| At least one of the debtors a  | nd another   |   | Student loans  |                     |  |
| Charle if this status is tou   |  |   | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>  |                     |  |
| ☐ Check if this claim is for   | · ·  |   | Debts to pension or profit-sharing plans, and other similar debts  |                     |  |
| Is the claim subject to offset   | ?  |   | Other. Specify   |                     |  |
| Q No<br>□ Yes  |  |   |  |                     |  |
| emercinesemestatumastatu viikatik kuseemen meeree seereeme ee | en e   | этгээд тэмцэгч онч он он он он ончийд гэдэг гүү гэлэг |  | <sub>s</sub> 39,220 |  |
| Department of ED/Nav   | ient   |   | Last 4 digits of account number 6 7 8 6  | \$ 00,220           |  |
| PO BOX 9635  |  |   | When was the debt incurred?  |                     |  |
| Number Street Wilkes Barre   | PA   | 18733   | As of the date you file, the claim is: Check all that apply.   |                     |  |
| City   | State  | ZIP Code  | Contingent   |                     |  |
| 140.   |  |   | ☐ Unliquidated   |                     |  |
| Who incurred the debt? Chec  | k one.   |   | ☐ Disputed   |                     |  |
| Debtor 1 only  |  |   |  |                     |  |
| Debtor 2 only  |  |   | Type of NONPRIORITY unsecured claim:   |                     |  |
| Debtor 1 and Debtor 2 only   |  |   | Student loans  |                     |  |
| At least one of the debtors ar   |  |   | Obligations arising out of a separation agreement or divorce that  |                     |  |
| ☐ Check if this claim is for a   | community debt   |   | you did not report as priority claims  |                     |  |
| Is the claim subject to offset   | ?  |   | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify  |                     |  |
| □ No   |  |   | Outer, openy   |                     |  |
| Yes  |  |   |  |                     |  |

Debtor 1

Yousef

Joseph Last Name Document

Page 32 of 65
Case number (if known)

Part 2:

| annegas pyra a tara.<br><b>"T</b>                          |  |  | th 4.4, followed by 4.5, and so forth.   | Total claim                           |  |  |  |
|--|--|--|--|---------------------------------------|--|--|--|
| First Premier Bank   |  |  | Last 4 digits of account number 1 2 0 8  | s 699.00                              |  |  |  |
| Nonpriority Creditor's Name 601 S Minnesota Ave            |  |  | When was the debt incurred?  |                                       |  |  |  |
| Number Street Sioux Falls                                  | SD   | 57104  | As of the date you file, the claim is: Check all that apply.   |                                       |  |  |  |
| City   | State  | ZIP Code   | ☐ Contingent   |                                       |  |  |  |
| Who incurred the debt? Che                                 | eck one.   |  | ☐ Unliquidated ☐ Disputed  |                                       |  |  |  |
| Debtor 1 only  |  |  | Lispated   |                                       |  |  |  |
| Debtor 2 only  |  |  | Type of NONPRIORITY unsecured claim:   |                                       |  |  |  |
| Debtor 1 and Debtor 2 only  At least one of the debtors a  | and another  |  | Student loans  |                                       |  |  |  |
| ☐ Check if this claim is for                               |  |  | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |                                       |  |  |  |
| Is the claim subject to offset                             | t?   |  | Other. Specify   |                                       |  |  |  |
| No<br>Yes  |  |  |  |                                       |  |  |  |
|  |  | The state of the s |  |                                       |  |  |  |
| GM Financial Nonpriority Creditor's Name                   |  |  | Last 4 digits of account number 5 3 3 3  | s_5,233.00                            |  |  |  |
| PO BOX 181145  |  |  | When was the debt incurred?  |                                       |  |  |  |
| Number Street  | <b>T</b> V   | 70000  | As of the date you file, the claim is: Check all that apply.   |                                       |  |  |  |
| Arlington<br>City  | TX<br>State  | 76096<br>ZIP Code  | Contingent   |                                       |  |  |  |
| Matter 1   |  |  | Unliquidated   | :                                     |  |  |  |
| Who incurred the debt? Chec                                | ck one.  |  | ☐ Disputed   |                                       |  |  |  |
| Debtor 2 only  |  |  | Type of NONPRIORITY unsecured claim:   |                                       |  |  |  |
| Debtor 1 and Debtor 2 only                                 |  |  | Student loans  |                                       |  |  |  |
| At least one of the debtors ar                             | nd another   |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                             |                                       |  |  |  |
| ☐ Check if this claim is for                               | a community debt                                       |  |  |                                       |  |  |  |
| Is the claim subject to offset                             | ?  |  | Other. Specify   |                                       |  |  |  |
| ☑ No<br>□ Yes  |  |  |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |  |  |
| Kay Jewelers   | 最高機能がある。<br>Min Sun Sun Sun Sun Sun Sun Sun Sun Sun Su | t tred and Ambigue word a significant in some middle of units the instruction in   | Last 4 digits of account number 5 0 5 3  | s 771.00                              |  |  |  |
| Nonpriority Creditor's Name                                |  |  |  |                                       |  |  |  |
| 375 Ghent Rd Number Street                                 | ***************************************                |  | When was the debt incurred?  |                                       |  |  |  |
| Fairlawn,  | ОН   | 44333  | As of the date you file, the claim is: Check all that apply.   |                                       |  |  |  |
| City   | State  | ZiP Code   | Contingent   |                                       |  |  |  |
| Who incurred the debt? Chec                                | k one.   |  | ☐ Unliquidated ☐ Disputed  |                                       |  |  |  |
| Debtor 1 only  |  |  | ₩ Disputed   |                                       |  |  |  |
| Debtor 2 only  |  |  | Type of NONPRIORITY unsecured claim:   |                                       |  |  |  |
| Debtor 1 and Debtor 2 only  At least one of the debtors an | nd another   |  | Student loans  | :                                     |  |  |  |
|  |  |  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                                       |  |  |  |
| Check if this claim is for a                               | -  |  | Debts to pension or profit-sharing plans, and other similar debts  |                                       |  |  |  |
| Is the claim subject to offset?  No Pes                    | ?  |  | Other, Specify   |                                       |  |  |  |

Joseph

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Page 33 of 65

Debtor 1

Yousef

Last Name

| 爐  | 538          |    |      |    |
|----|--------------|----|------|----|
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| L  | <b>(</b> :.) |    |      |    |
| ΝŻ |              |    | 30.0 |    |

| Macys   |   |   | Last 4 digits of account number 1 1 4 9  | s952.                                      |
|---|---|---|--|--|
| Nonpriority Creditor's Name PO BOX 8218   |   |   | When was the debt incurred?  |  |
| Number Street Mason   | ОН  | 45040   | As of the date you file, the claim is: Check all that apply.   |  |
| City  | State   | ZIP Code  | Contingent   |  |
| Who incurred the debt? Che  | al and  |   | ☐ Unliquidated   |  |
| Debtor 1 only   | ck one.   |   | ☐ Disputed   |  |
| Debtor 2 only   |   |   | Type of NONDRIGHTY upsequied slaim.  |  |
| Debtor 1 and Debtor 2 only  |   |   | Type of NONPRIORITY unsecured claim:   |  |
| At least one of the debtors a   | and another                                       |   | U Student loans  |  |
| ☐ Check if this claim is for  | a community daha                                  |   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |  |
| ,   | _   |   | Debts to pension or profit-sharing plans, and other similar debts  |  |
| Is the claim subject to offse   | T?  |   | Other. Specify   |  |
| ☑ No<br>☑ Yes   |   |   |  |  |
|   |   |   | the state of the s | et est total superior to out of a coupling |
| Regional Acceptance   | Corp  |   | Last 4 digits of account number 7 5 9 2  | s_15,030.0                                 |
| Nonpriority Creditor's Name   | COIP  | ***************************************                     |  | 3_10,000.                                  |
| 1424 E Fire Tower Rd  |   |   | When was the debt incurred?  |  |
| Greenville  | NC  | 27858   | As of the date you file, the claim is: Check all that apply.   |  |
| City  | State   | ZIP Code  | Contingent   |  |
| Who incurred the debt? Che  | at one  |   | Unliquidated   |  |
| Debtor 1 only   | uk one.   |   | Disputed   |  |
| Debtor 2 only   |   |   | Type of MONDRIODITY upgagazed algino   |  |
| Debtor 1 and Debtor 2 only  |   |   | Type of NONPRIORITY unsecured claim:   |  |
| At least one of the debtors a   | nd another  |   | Student loans  |  |
|   |   |   | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims   |  |
| ☐ Check if this claim is for  | <del>-</del>                                      |   | Debts to pension or profit-sharing plans, and other similar debts  |  |
| Is the claim subject to offset  | ?   |   | Other. Specify   |  |
| ☑ No<br>☐ Yes   |   |   |  |  |
| a district to dust fifty the equation insistence when instructioning to equation and equal copyring is too a co | a carinda sensi ara gana a agaman erena daman ere | e trevens moment descriptes a come move to be successively. | 166.8 + order has been described as the contract of the cont   | s 3,906.0                                  |
| OneMain/Springleaf Nonpriority Creditor's Name  |   |   | Last 4 digits of account number 9 8 3 1  | <u> </u>                                   |
| PO BOX 3251   |   |   | When was the debt incurred?  |  |
| Number Street   |   |   | -  |  |
| Evansville  | IN  | 47731   | As of the date you file, the claim is: Check all that apply.   |  |
| City  | State   | ZIP Code  | Contingent   |  |
| Who incurred the debt? Chec   | k one.  |   | Unliquidated   |  |
| ☑ Debtor 1 only   |   |   | ☐ Disputed   |  |
| Debtor 2 only   |   |   | Type of NONPRIORITY unsecured claim:   |  |
| Debtor 1 and Debtor 2 only  |   |   | Student loans  |  |
| At least one of the debtors ar  | nd another  |   | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>   |  |
| ☐ Check if this claim is for a  | a community debt                                  |   | you did not report as priority claims  |  |
|   | •   |   | Debts to pension or profit-sharing plans, and other similar debts  |  |
| Is the claim subject to offset  | ī   |   | Other. Specify   |  |
|   |   |   | •  |  |

Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 34 of 65

Debtor 1

Yousef

Joseph

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| SYNCB/Amazon   |  | Last 4 digits of account number 4 4 7 5  | s 1,087.                              |
|--|--|--|---------------------------------------|
| Nonpriority Creditor's Name PO Box 965015  | 3,315,330  | When was the debt incurred?  | T                                     |
| Number Street Orlando  | FL 32896   | As of the date you file, the claim is: Check all that apply.   |                                       |
| Who incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a clast the claim subject to offset? No Yes  | State ZIP Code  one.  another  | <ul> <li>☐ Contingent</li> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☐ Other. Specify</li></ul> |                                       |
| Nonpriority Creditor's Name  | Lag 8 (1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   | Last 4 digits of account number  | \$                                    |
| Nonpriority Creditor's Name  |  | When was the debt incurred?  |                                       |
| Number Street  | 1 / / 0  | <ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>   |                                       |
| Who incurred the debt? Checks  | State ZIP Code   | Contingent Unliquidated Disputed   |                                       |
| Debtor 1 only Debtor 2 only  |  | Type of NONPRIORITY unsecured claim:   |                                       |
| Débtor 1 and Debtor 2 only  At least one of the debtors and a  | 224  | Student loans  |                                       |
| Check if this claim is for a co  |  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>  |                                       |
| is the claim subject to offset?  No Yes  | ommunity debt  | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  |                                       |
| 99 to the 1975 to the copy state of the action which is to manufactured and that \$600 to the \$70 to the copy state of th | tertent demont for de demons and a service and a service and define the former from the service committee the d  | Last 4 digits of account number  | trumen timis eringarinaga prosperius. |
| Jonpriority Creditor's Name  |  | - When was the debt incurred?  |                                       |
| lumber Street  | The state of the s | As of the date you file, the claim is: Check all that apply.   |                                       |
| ity  | State ZIP Code   | Contingent   |                                       |
| Who incurred the debt? Check or  | ne.  | Unliquidated   |                                       |
| Debtor 1 only Debtor 2 only  |  | Disputed   |                                       |
| Debtor 1 and Debtor 2 only   |  | Type of NONPRIORITY unsecured claim:   Student loans   |                                       |
| At least one of the debtors and a  | nother   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that  |                                       |
| Check if this claim is for a co  | mmunity debt   | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |                                       |
| s the claim subject to offset?   |  | Other, Specify   |                                       |
| ☐ No<br>☐ Yes  |  | •  |                                       |

Case 17-05777

Doc 1

Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 35 of 65

Debtor 1

Yousef

Joseph

Last Name

### Part 3:

### List Others to Be Notified About a Debt That You Already Listed

| 5. | example, if a collection agency is trying to collect from you 2, then list the collection agency here. Similarly, if you have r | our bankruptcy, for a debt that you already listed in Parts 1 or 2. For for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the s to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|----|---|---|
|    | Afni<br>Name  | On which entry in Part 1 or Part 2 did you list the original creditor?  |

| ATNI<br>Name                  |  |  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|-------------------------------|--|--|--|
| 1310 Martin Luther King       | g Dr   |  | Line 2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| Number Street PO BOX 3517     |  |  | Part 2: Creditors with Nonpriority Unsecured Claims  |
| Bllomington<br>City           | IL<br>State  | 61702<br>ZIP Code  | Last 4 digits of account number 2 7 7 3  |
| First Associates              | and the second s | ACT - commeté damin'i mara l'esperantes que per  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| 15373 Innovation Dr Ste       | e 30   |  | Line 3 of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| PO BOX 503430                 | ~~~~   |  | Part 2: Creditors with Nonpriority Unsecured Claims  |
| San Diego<br>City             | CA<br>State  | 92150<br>ZIP Code  | Last 4 digits of account number 0 0 0  |
| I C System Inc                | CONTRACTOR TOWNS AND   | e de la companya del la companya de  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| PO BOX 64378  Number Street   |  | 100-100-100-100-100-100-100-100-100-100  | Line 4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims   |
| Saint Paul                    | MN<br>State  | 55164<br>ZIP Code  | Last 4 digits of account number 5 1 7 9  |
| Jefferson Capital Syster      | eroma vista indirettioni e timbre estima (v.   | New Arthur County of the an Arthur Made and Arthur County (Arthur Arthur County)   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| 16 McIeland Rd Number Street  | ······   |  | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims   |
| Saint Cloud                   | MN<br>State  | 56303  | Last 4 digits of account number  |
| Midland Funding               |  |  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| 2365 Northsider dr            |  |  | Line 9 of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| Ste 300                       |  |  | Part 2: Creditors with Nonpriority Unsecured Claims  |
| San Diego<br>city             | CA<br>State  | 92108<br>ZIP Code  | Last 4 digits of account number 9 7 1 4  |
| LVNV Funding LLC              | and a comment of the plant of t | A CONTRACTOR OF CONTRACTOR AND CONTR | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| PO BOX 10497<br>Number Street |  |  | Line 10 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims   |
| Greenville                    | SC<br>State  | 29603<br>ZIP Code  | Last 4 digits of account number 3 0 5 5  |
| Central Credit services       | \$\tag{2}\text{2}      | TUTTEN TO THE THE PHYSIC OF TURBERS AND THE STATE OF THE SERVER SERVERS AND THE SERVERS AND THE SERVERS AND THE  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| PO BOX 1850<br>Number Street  | ×  |  | Line 11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |
| St Charles                    | MO<br>State  | 63302<br>ZIP Code  | Last 4 digits of account number 9 5 0 5  |
|                               |  |  | to the control of the |

Case 17-05777

Doc 1

Filed 02/28/17

Entered 02/28/17 12:21:16 Desc Main

Debtor 1

Joseph

Document

Page 36 of 65 number (# known)\_\_\_\_

Part 3:

### List Others to Be Notified About a Debt That You Already Listed

| Weltmar  | Weinberg &  | Reis   |  | _                                    | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|--|---|--|--|--------------------------------------|--|
| 180 N La   | aSalle  |  |  |                                      | Line of (Check one):   Part 1: Creditors with Priority Unsecured Claims  |
| Number<br>#2400  | Street  |  |  |                                      | Part 2: Creditors with Nonpriority Unsecured Cla   |
| #2400  |   |  |  |                                      | Last 4 digits of account number 6 8 2 4  |
| Chicago<br>City  |   | IL<br>State  | 60601<br>ZIP Code  |                                      |  |
| Vame   |   | er op oppositely frameworks to file and a supple control of  | ective of the significant production of the graphs         |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| чапе   |   |  | . ^  |                                      | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| dumber   | Street  |  |  |                                      | Original Control of Control |
|  |   |  | · · · · · · · · · · · · · · · · · · ·                      |                                      | Claims   |
| Dity   | ·*  | State  | ZIP Code   |                                      | Last 4 digits of account number  |
| eminental (Albanese periodos partieros es co   | **************************************                      | error este de este este este este este este e  |  |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| Vame   |   | \  |  |                                      |  |
| lumber   | Street  |  | ΙΔ   | -                                    | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured   |
|  |   | 1 3  | · '  |                                      | Claims Part 2. Creditors with Nonphorny Unsecured  |
| City   |   | State  | ZIP Code   | -                                    | Last 4 digits of account number  |
|  | angung (Angung Per V) agan star samar sa mananan mananah Ka | egi egi esti pipe en   | Salva construiren war versa (C. 2004) bei Leo              | erritari et percenti de la constanta | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| lame   |   |  | •  |                                      | Pine of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| lumber   | Street  |  | 1/1  | •                                    | Part 2: Creditors with Nonpriority Unsecured   |
|  |   | ***************************************  | 101  |                                      | Claims   |
| ily  |   | State  | ZIP Code   |                                      | Last 4 digits of account number  |
| ame  |   | The second of the second secon | Para patronica de nova per una presenta que este escarrado | SAR - WYSER                          | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| anie   |   |  | . /1   | $\wedge$                             | Lineof (Check one):  Part 1: Creditors with Priority Unsecured Claims  |
| umber  | Street  |  | TH.  | 17                                   | ☐ Part 2: Creditors with Nonpriority Unsecured   |
| ***************************************  | ······································                      |  | · · · · · · · · · · · · · · · · · · ·                      |                                      | Claims   |
| ity  | -   | State  | ZIP Code   | NINCLETA 2000CA                      | Last 4 digits of account number  |
| ame  |   |  |  |                                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| a  |   |  | i  | 3                                    | Nine of (Check one): Depart 1: Creditors with Priority Unsecured Claims  |
| umber  | Street  |  | N  | ļ                                    | Part 2: Creditors with Nonpriority Unsecured   |
| ty   |   | Chota  | 7/2/0-15   |                                      | Last 4 digits of account number  |
| The state of the s |   | State  | ZIP Code   | albywd lanwyli                       | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| ame  |   |  |  |                                      | $\sim$   |
| nps:   | Street  |  |  | n 1                                  | Line Lof (Check one): Part 1: Creditors with Priority Unsecured Claims   |
|  |   |  |  | 1                                    | Part 2: Creditors with Nonpriority Unsecured Claims  |

Case 17-05777

Doc 1 Joseph

Filed 02/28/17 Document

Entered 02/28/17 12:21:16 Desc Main

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Page 37 of 65
Case number (if known)

Debtor 1

Yousef

6j. Total. Add lines 6f through 6i.

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total claim    |
|--------------|-----|---|-----|----------------|
| Total claims | 6a  | . Domestic support obligations  | 6a. | s              |
| from Part 1  | 6b  | . Taxes and certain other debts you owe the government  | 6b. | s              |
|              | 6c  | Claims for death or personal injury while you were intoxicated  | 6c. | sO             |
|              | 6d  | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | +\$            |
|              | 6e. | Total. Add lines 6a through 6d.   | 6e. | s              |
|              |     |   |     | Total claim    |
| Total claims | 6f. | Student loans   | 6f. | , 39,220.00    |
| rom Part 2   | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | sO             |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | sC             |
|              | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | + \$ 43,381.00 |
|              |     |   |     |                |

#### Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 38 of 65

| Yousef     | Joseph      | Rafati                 |                                  |
|------------|-------------|------------------------|----------------------------------|
| First Name | Middle Name | Last Name              |                                  |
|            |             |                        |                                  |
| First Name | Middle Name | Last Name              |                                  |
|            | First Name  | First Name Middle Name | First Name Middle Name Last Name |

☐ Check if this is an amended filing

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|          | Person | or company with whom you have the contract or lease  | State what the contract or lease is for |
|----------|--------|--|---|
| 2.1      |        | ing in the design in the second of the s |   |
| Ph 74 A  | Name   |  | ······                                  |
| }        | Number | Street   |   |
| Sounder) | City   | State ZIP Code   | •                                       |
| 2.2      |        |  |   |
|          | Name   |  |   |
|          | Number | Street   |   |
| 2.3      | City   | State \ZiP Code  |   |
|          | Name   |  |   |
|          | Number | Street   | <del></del>                             |
| 2.4      | City   | State ZIP Code   |   |
|          | Name   |  |   |
|          | Number | Street   |   |
| 2.5      | City   | State ZIP Code   |   |
| 7        | Name   |  | ····                                    |
|          | Number | Street   | <del></del>                             |
|          | Cîty   | State ZIP Code   |   |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 39 of 65

Yousef Rafati Joseph Debtor 1 Case number (if known) First Name Additional Page if You Have More Contracts or Leases Person or company with whom you have the contract or lease What the contract or lease is for 2.2 Name Number Street City ZIP Code State 2.\_\_ Name Number Street City State ZIP Code 2.\_ Name Number Street City ZIP Code State 2.\_ Name Number Street City State ZIP Code 2.\_ Name Number Street City State ZIP Code Name Number Street City ZIP Code State 2.\_ Name Number Street City State ZIP Code 2.\_ Name

City

Number

Street

ZIP Code

State

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 40 of 65

| Fill in this                              | Yousef  | lacanh  | D - 5 - 4"  |  |
|---|---|---|---|--|
| Deptor 1                                  | First Name  | Joseph<br>Middle Name   | Rafati<br>Last Name   |  |
| Debtor 2<br>(Spouse, if fili              | ng) First Name  | Middle Name   | Last Name   |  |
| United State                              | es Bankruptov Court for   | the: Northern District of If  |   |  |
| Case numbe                                |   | the Frontier District of It   | 111/013   |  |
| (if known)                                | 21  |   |   |  |
|   |   |   |   | Check if this i  |
| )fficial                                  | Form 106H   |   |   | Girioridad Illing  |
| ched                                      | lule H: Yo  | <br>ur Codebtor   | 'S  | 12/1   |
| d number                                  | re people or entitie<br>gether, both are equ<br>the entries in the b<br>r (if known). Answe   | oxes on the left. Attach  | r any debts you may have,<br>pplying correct informatio<br>the Additional Page to thi     | . Be as complete and accurate as possible. If two married pe<br>n. If more space is needed, copy the Additional Page, fill it o<br>is page. On the top of any Additional Pages, write your name  |
| . Do you<br>No                            | have any codebtors  | ? (If you are filing a joint  | case, do not list either spou   | use as a codebtor.)  |
| Yes                                       |   |   |   |  |
| Within t                                  | the last 8 years, hav   | e you lived in a commu  | nity property state or terri  | itory? (Community property states and territories include  |
| 7 4720110                                 | Camorina, Idano, Le   | puisiana, Nevada, New M   | lexico, Puerto Rico, Texas, I   | Washington, and Wisconsin.)  |
|   | Catalina 2  |   |   |  |
| No.                                       |   |   |   |  |
| Yes.                                      | Did your spouse, for  | rmer spouse, or legal equ   | ivalent live with you at the ti   | ime?   |
| Yes.                                      | Did your spouse, for<br>No  |   |   |  |
| Yes.                                      | Did your spouse, for<br>No  |   |   | ime?  Fill in the name and current address of that person.   |
| Yes.                                      | Did your spouse, for<br>No<br>(es. In which commu   | nity state or territory did y   |   |  |
| Yes.                                      | Did your spouse, for<br>No  | nity state or territory did y   |   |  |
| Yes.                                      | Did your spouse, for<br>No<br>(es. In which commu   | nity state or territory did y   |   |  |
| Yes.                                      | Did your spouse, for<br>No<br>(es. In which commu   | nity state or territory did y   |   |  |
| Yes.                                      | Did your spouse, for<br>No<br>(es. In which commu   | nity state or territory did y   |   |  |
| In Columshown in Schedul Schedul          | Did your spouse, for No Yes. In which communicate of your spouse, for Normal Street  City  In 1, list all of your on line 2 again as a cue D (Official Form 1 to E/F, or Schedule (1)                 | er poure, or legal equivalent  State  codebtors. Do not inclused  | ZIP Code  de your spouse as a code  | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on redule G (Official Form 106G). Use Schedule D,   |
| In Columshown in Schedul Schedul          | Did your spouse, for No Yes. In which commu Name of your spouse, form Number Street City In 1, list all of your on line 2 again as a ce D (Official Form 1)   | state or territory did y er spouse, or legal equivalent  State  codebtors. Do not inclused the codebtor only if that per-   | ZIP Code  de your spouse as a code  | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on redule G (Official Form 106G). Use Schedule D,   |
| In Column shown in Schedul Schedul        | Did your spouse, for No Yes. In which communicate of your spouse, for Normal Street  City  In 1, list all of your on line 2 again as a cue D (Official Form 1 to E/F, or Schedule (1)                 | state or territory did y er spouse, or legal equivalent  State  codebtors. Do not inclused the codebtor only if that per-   | ZIP Code  de your spouse as a code  | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on redule G (Official Form 106G). Use Schedule D,   |
| In Column shown in Schedul Schedul        | Did your spouse, for No Yes. In which communicate of your spouse, for Normal Street  City  In 1, list all of your on line 2 again as a cue D (Official Form 1 to E/F, or Schedule (1)                 | state or territory did y er spouse, or legal equivalent  State  codebtors. Do not inclused the codebtor only if that per-   | ZIP Code  de your spouse as a code  | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on edule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
| In Column shown in Schedul Schedul        | Did your spouse, for No Yes. In which communicate of your spouse, for Normal Street  City  In 1, list all of your on line 2 again as a cue D (Official Form 1 to E/F, or Schedule (1)                 | state or territory did y er spouse, or legal equivalent  State  codebtors. Do not inclused the codebtor only if that per-   | ZIP Code  de your spouse as a code  | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on redule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| In Column shown in Schedul Schedul        | Did your spouse, for No Yes. In which communicate of your spouse, for Normal Street  City  In 1, list all of your on line 2 again as a cue D (Official Form 1 to E/F, or Schedule (1)                 | state or territory did y er spouse, or legal equivalent  State  codebtors. Do not inclused the codebtor only if that per-   | ZIP Code  de your spouse as a code  | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on edule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt Check all schedules that apply:  Schedule D, line Schedule E/F, line                                    |
| In Column shown in Schedul Schedul        | Did your spouse, for No /es. In which commu  Name of your spouse, form  Number Street  City  In 1, list all of your on line 2 again as a ce D (Official Form 1 e E/F, or Schedule of 1: Your codebtor | state or territory did y er spouse, or legal equivalent  State  codebtors. Do not inclused the codebtor only if that per-   | ZIP Code  de your spouse as a code  | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on redule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| In Column shown in Schedul Schedul Column | Did your spouse, for No /es. In which commu  Name of your spouse, form  Number Street  City  In 1, list all of your on line 2 again as a ce D (Official Form 1 e E/F, or Schedule of 1: Your codebtor | state or territory did yer spouse, or legal equivalent  State  codebtors. Do not incluicodebtor only if that per 06D), Schedule E/F (Office of the fill out Column 2. | ZIP Code  de your spouse as a codel son is a guarantor or cosi icial Form 106E/F), or Sch | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on edule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt Check all schedules that apply:  Schedule D, line Schedule E/F, line                                    |
| in Column shown in Schedul Schedul Column | Did your spouse, for No /es. In which commu  Name of your spouse, form  Number Street  City  In 1, list all of your on line 2 again as a ce D (Official Form 1 e E/F, or Schedule of 1: Your codebtor | state or territory did yer spouse, or legal equivalent  State  codebtors. Do not incluicodebtor only if that per 06D), Schedule E/F (Office of the fill out Column 2. | ZIP Code  de your spouse as a codel son is a guarantor or cosi icial Form 106E/F), or Sch | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on edule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt  Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line |
| In Column shown in Schedul Schedul Column | Did your spouse, for No /es. In which commu  Name of your spouse, form  Number Street  City  In 1, list all of your on line 2 again as a ce D (Official Form 1 e E/F, or Schedule of 1: Your codebtor | state or territory did yer spouse, or legal equivalent  State  codebtors. Do not incluicodebtor only if that per 06D), Schedule E/F (Office of the fill out Column 2. | ZIP Code  de your spouse as a codel son is a guarantor or cosi icial Form 106E/F), or Sch | btor if your spouse is filing with you. List the person gner. Make sure you have listed the creditor on edule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line                   |

Name

Number

Street

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_

☐ Schedule G, line \_\_\_

| Fill in this in                           | nformation to identify  |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| Debtor 1                                  | Yousef  | Joseph   | Rafati                                      |  |  |  |  |
|   | First Name  | Middle Name  | Last Name                                   |  |  |  |  |
| ebtor 2<br>Spouse, if filing              | ) First Name  | Middle Name  | Lest Name                                   |  |  |  |  |
| nited States                              | Bankruptcy Court for the:   | Northern District of Illinois  | 3   |  |  |  |  |
| ase number                                |   |  |   |  | Check if t   | this is                                      |  |
| f known)                                  |   |  |   |  |  | nended filing                                |  |
|   |   |  | 0.01940.01140.00                            | al large de la companya de la compa | 🔲 A sup  | plement showing por<br>e as of the following |  |
| fficial Fo                                | orm 106l  | -  |   |  | MM / E   | DD / YYYY                                    |  |
| ched                                      | lule I: You   | ur Income  |   |  |  |  | 12/15  |
| pplying col<br>rou are sep<br>parate shee | rrect information. If y parated and your spot et to this form. On the | ossible. If two married pou are married and not fuse is not filing with you top of any additional parent | iling jointly, and y<br>, do not include ir | our spouse information at  | s living with y  | you, include informati                       | ion about your spou  |
| Fill in your                              | r employment<br>on.   |  | Debtor 1                                    |  |  | Debtor 2 or non-                             | filing spouse  |
| attach a se                               | e more than one job,<br>eparate page with<br>n about additional       | Employment status  | ☑ Employed ☐ Not emplo                      |  | militario de Calendario de | ☐ Employed ☐ Not employed                    | ekentilanian teritori teritori territori territori territori del sel sel sel sectori territori territori terri |
|   | rt-time, seasonal, or   |  |   | <b>,</b>   |  |  |  |
|   | yed work.  n may include student aker, if it applies.                 | Occupation   | Accountant                                  | ····   |  |  |  |
|   |   | Employer's name  | BlueCross E                                 | BlueShield o   | of IL  |  | <u>/</u>   |
|   |   | Employer's address   | 300 E Rand<br>Number Street                 |  |  | Number Street                                | 7  |
|   |   |  | Chicago                                     | IL 715   | 60601  |  |  |
|   |   | How long employed the  | City 4.5 ye                                 |  | Code   | City   | State ZIP Code   |
| art 2; (                                  | Give Details About  | Monthly Income   |   |  |  |  |  |
|   |   | the date you file this for   | m If you have noth                          | aing to report f   | or any line, we  | ito EO in the energy line                    | fuda va va sa filia -  |
| spouse unie<br>If you or yo               | ess you are separated.<br>ur non-filing spouse ha                     | ive more than one employ   | er, combine the inf                         |  |  |  | •  |
|   |   |  |   | Fo   | r Debtor 1   | For Debtor 2 or non-filing spouse            |  |
|   |   | ary, and commissions (b<br>calculate what the monthly  |   | 2. \$  | 3,821.38   | ### ##################################       | one.   |
| Estimate a                                | and list monthly over   | time pay.  |   | 3. +\$   | 0.00   | + s //                                       |  |
| Calculata                                 | aross income Add lin  | 2 ( Fra 2  |   |  | 202120   |  | ]  |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 42 of 65

| Debtor 1                       | Y OUSE<br>First Name                                |                                       | Joseph<br>Last Name   | Rafati  |                        | Case number                              | (if known)              |                               |                   |                          |
|--------------------------------|---|---------------------------------------|---|---|------------------------|--|-------------------------|-------------------------------|-------------------|--------------------------|
|                                |   |                                       |   |   |                        | For Debtor 1                             |                         | Debtor 2 or<br>-filing spouse |                   |                          |
| Сор                            | y line 4 here                                       | )                                     |   |   | <b>→</b> 4.            | \$3,821                                  |                         |                               | P<br>Veneza       |                          |
| 5. List                        | all payroll de                                      | eductions:                            |   |   |                        | ,  |                         |                               |                   |                          |
| 5a.                            | Tax, Medica   | are, and Social S                     | Security deduction  | S   | 5a.                    | \$747.0                                  | ς .                     |                               |                   |                          |
|                                |   |                                       | r retirement plans  |   | 5b.                    | \$ O                                     | \$                      |                               |                   |                          |
| 5c.                            | Voluntary c   | ontributions for                      | retirement plans  |   | 5c.                    | \$ 76.47                                 | ¥.<br>\$                | $\rightarrow$                 |                   |                          |
| 5d.                            | Required re   | payments of ret                       | irement fund loans  | <b>3</b>  | 5d.                    | s O                                      |                         |                               | -                 |                          |
| 5e.                            | Insurance   |                                       |   |   | 5e.                    | \$ 86.88                                 | \$                      |                               |                   |                          |
| 5f.                            | Domestic su   | upport obligatio                      | ns  |   | 5f.                    | \$ 0                                     | \$                      |                               |                   |                          |
| 5g.                            | Union dues  |                                       |   |   | 5g.                    | s  | ·-<br>\$                |                               |                   |                          |
| 5h.                            | Other deduc   | ctions. Specify: [                    | ommuter p   | <u>755</u>                                      | 5h.                    | +\$ 171.00                               |                         |                               |                   |                          |
| 6. Add                         | the payroll   | deductions. Add                       | l lines 5a + 5b + 5c  | + 5d + 5e +5f + 5g + 5h                         | n. 6.                  | <u>\$ 1,081.</u>                         | 33 <sub>\$_</sub>       |                               | <del>-</del><br>- |                          |
| 7. Cald                        | culate total n                                      | monthly take-hor                      | me pay. Subtract lin  | e 6 from line 4.                                | 7.                     | sa, 740.                                 | 05 \$_                  | 17                            |                   |                          |
| 8. List                        | all other inco                                      | ome regularly re                      | ceived:   |   |                        |  |                         | X                             |                   |                          |
|                                | protession, d                                       | or farm                               | erty and from ope   |   |                        |  |                         |                               |                   |                          |
| i                              | Attach a state<br>receipts, ordii<br>monthly net ir | nary and necessa                      | operty and business<br>ary business expens  | s showing gross<br>ses, and the total           | 8a.                    | s  | _ \$                    |                               |                   |                          |
| 8b. l                          | Interest and  | dividends                             |   |   | 8b.                    | . 0                                      | - ·                     |                               | -                 |                          |
| 1                              | regularly rec                                       | eive                                  |   | spouse, or a depend                             |                        | \$                                       | _ •                     |                               | <del>-</del> -    |                          |
| ,                              | settiement, ar                                      | nd property settle                    | ment.   | aintenance, divorce                             | 8c.                    | s <i>O</i>                               | \$                      |                               | _                 |                          |
|                                |   | ent compensatio                       | n   |   | 8d.                    | \$ <u>O</u>                              | . \$                    |                               | _                 |                          |
|                                | Social Securi                                       | •                                     |   |   | 8e.                    | s  | . \$                    |                               | -                 |                          |
| l<br>t<br>r                    | nclude cash a<br>hat you recei                      | assistance and the                    | e that you regularly<br>e value (if known) o<br>stamps (benefits un<br>or housing subsidies | f any non-cash assistar<br>der the Supplemental | nce<br>8f.             | s <i>O</i>                               | \$                      | ·                             |                   |                          |
| 8a F                           | ension or re  | etirement income                      |   | **************************************          |                        | ~  | . Ψ                     |                               |                   |                          |
|                                |   |                                       |   |   | 8g.                    | \$ <u> </u>                              | . \$                    |                               |                   |                          |
|                                |   | y income. Speci                       | ***************************************   |   | 8h. +                  | <u> </u>                                 | +\$_                    |                               |                   |                          |
|                                |   | income. Add lines 8                   | a + 8b + 8c + 8d + 8  | e + 8f +8g + 8h.                                | 9.                     | \$ <u> </u>                              | \$_                     |                               | ] _               |                          |
| Add th                         | ne entries in li                                    | ine 10 for Debtor                     | e 7 + line 9.<br>1 and Debtor 2 or n  | on-filing spouse.                               | 10.                    | s 9,740.05                               | + \$_                   | <b>&gt;</b> _                 | =  \$_            | 2,740.0                  |
| Includ                         | all other regi<br>e contribution<br>s or relatives. | ular contribution<br>is from an unman | ns to the expenses<br>ried partner, membe   | that you list in Scheo                          | Lule J.<br>Your dep    | pendents, your roc                       | ommates, a              | nd other                      | J L               |                          |
| Do not<br>Specif               | t include any :<br>y:                               | amounts already                       | included in lines 2-1   | 0 or amounts that are                           | not avai               | ilable to pay exper                      | nses listed i           |                               |                   | $\circ$                  |
|                                |   | the last column                       | of line 10 to the a   | mount in line 11. The                           |                        | 46                                       |                         |                               | . <b>+</b> \$_    |                          |
| Write t                        | hat amount o  | n the Summary o                       | of Your Assets and L  | iabilities and Certain S                        | resuit is<br>tatistica | ine combined mod<br>Information, if it a | onthly incon<br>applies | ne.<br>12,                    | <u> </u>          | 2,740.05                 |
| 13. <b>Do yo</b><br><b>☑</b> N | ou expect an  | increase or dec                       | rease within the ye   | ear after you file this fo                      | orm?                   |  |                         |                               |                   | ombined<br>onthly income |
|                                | es. Explain;  |                                       |   |   |                        |  |                         |                               | ·                 |                          |
|                                |   | <u> </u>                              |   |   |                        |  |                         |                               |                   |                          |

# Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 43 of 65

|   |   | NATIONAL AND ADMINISTRATION OF THE PROPERTY OF |  | •  |
|---|---|--|--|--|
| Fill in this information to identify  | / your case:  |  |  |  |
| Debtor 1 OUSTF  | JOSEPH RAFAT  | Check if th  | ie ie:   |  |
| Debtor 2  | ENGLAGINE   | An ame   |  |  |
| (Spouse, if filing) First Name  | Middle Name Last Name   |  | ended nimg<br>ement showing pos  | tpetition chapter 13   |
| United States Bankruptcy Court for the:  Case number  | Northern district of lillnois   | expense  | es as of the followin  | g date:  |
| (If known)  |   | MM / DD  | )/ YYYY  |  |
| Official Form 106J  |   |  |  |  |
| Schedule J: Yo  | ur Expenses   |  |  | 12/15  |
| Be as complete and accurate as prinformation. If more space is need (if known). Answer every question | ossible. If two married people are fil<br>ed, attach another sheet to this forn | ing together, both are equally re<br>n. On the top of any additional p   | esponsible for supply<br>ages, write your nan  | ring correct<br>ne and case number   |
| Part 1: Describe Your Hou   | ısehold   |  |  |  |
| 1. Is this a joint case?  |   |  |  |  |
| No. Go to line 2.  Yes. Does Debtor 2 live in a s   | separate household?   |  |  |  |
| □ No  | e Official Form 106J-2, Expenses for S  | Separate Household of Debtor 2.  |  |  |
| . Do you have dependents?   | □ N <sub>0</sub>  |  |  | end derkund ministration imministrative at the fire of 115 ft a 1 to 1 ministrative and derivative and derivati |
| Do not list Debtor 1 and Debtor 2.  | Yes. Fill out this information for each dependent                               | Dependent's relationship to Debtor 1 or Debtor 2   | Dependent's age  | Does dependent live with you?  |
| Do not state the dependents' names.   | ·   | MOTHER   | 84   | ☐ No<br>☐ Yes  |
|   |   |  |  | ☐ No   |
|   | ,   |  |  | ☐ Yes  |
|   |   |  |  | U No<br>□ Yes  |
|   |   |  |  | ☐ No   |
|   |   | ***************************************  | The state of the s | ☐ Yes  |
|   |   |  |  | □ No   |
| Do your expenses include expenses of people other than yourself and your dependents?                  | No D Yes  |  |  | <b>□</b> Yes   |
| RCAN MARKET   |   | enter principal de la communicación de la comm |  |  |
| - Contraction   |   |  |  |  |
| xpenses as of a date after the bank<br>pplicable date.  | bankruptcy filing date unless you a<br>kruptcy is filed. If this is a suppleme  | re using this form as a supplemental Schedule J, check the box   | ent in a Chapter 13 c<br>at the top of the form  | ase to report<br>and fill in the   |
| nclude expenses paid for with non-  | -cash government assistance if you  | know the value of  | ng Nimon nggapan   | on the second of the second  |
|   | it on Schedule I: Your Income (Office   | •  | Your exper   | NS68   |
| any rent for the ground or lot.   | xpenses for your residence. Include   | first mortgage payments and  | 4. \$ 1,1  | +5.00  |
| If not included in line 4:  |   |  |  | Z <b>h</b>   |
| 4a. Real estate taxes   |   |  | 4a. \$   | <u> </u>   |
| 4b. Property, homeowner's, or re  |   |  | 4b. \$   | <u> </u>   |
| 4c. Home maintenance, repair, a   |   |  | 4c. \$   | <u>J</u>   |
| 4d. Homeowner's association or  | condominium dues  |  | 4d. \$   | <u>)                                    </u>   |

#### Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 44 of 65

Case number (if known)\_

Rafati

Your expenses 5. Additional mortgage payments for your residence, such as home equity loans 5. 6. Utilities: 6a. Electricity, heat, natural gas 150.00 6a Water, sewer, garbage collection 50.00 6b. Telephone, cell phone, Internet, satellite, and cable services 6c. 150.00 Other. Specify: \_\_ 6d. Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 50 9. Personal care products and services 10. 50 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. 15. Do not include insurance deducted from your pay or included in lines 4 or 20. NIA 15a. Life insurance 15a 15b. Health insurance 15b. 15c. Vehicle insurance 80.00 15c. 15d. Other insurance. Specify:\_\_\_ 15d Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 285.00 17a. 17b. Car payments for Vehicle 2 N/A 17b 17c. Other. Specify; 17c 17d. Other. Specify: 17d Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c 20d. Maintenance, repair, and upkeep expenses 20d 20e. Homeowner's association or condominium dues

Yousef

First Name

Debtor 1

Joseph

#### Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 45 of 65

| Debtor          | 1 JOUSEF JOSEPH RAFAT   Case number  | (if known) | ************************************** |  |
|-----------------|--|------------|--|--|
| 21. <b>O</b> ʻ  | ther. Specify:   | 21.        | +\$                                    | <u> </u>   |
| 22. <b>C</b> a  | alculate your monthly expenses.  |            | :                                      | · · · · · · · · · · · · · · · · · · ·  |
| 22              | a. Add lines 4 through 21.   | 22a.       | \$ 216                                 | ,20.00   |
| 22              | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | 22b.       | \$                                     | 0  |
| 22              | c. Add line 22a and 22b. The result is your monthly expenses.  | 22c.       | \$ 2,4                                 | 20.00  |
| 23. <b>Cal</b>  | culate your monthly net income.  |            | ^ -                                    |  |
| 23a.            | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.       | $^{\$} d$                              | 740.05<br>020.00   |
| 23b.            | Copy your monthly expenses from line 22c above,  | 23b.       | -s 2,1                                 | 020.00   |
| 23c.            | Subtract your monthly expenses from your monthly income.  The result is your monthly net income.   | 23c.       | s                                      | 20.05  |
| 24. <b>Do</b> : | you expect an increase or decrease in your expenses within the year after you file this form?  | ,          |  |  |
| mor             | example, do you expect to finish paying for your car loan within the year or do you expect your tgage payment to increase or decrease because of a modification to the terms of your mortgage? |            |  |  |
|                 |  |            | · · · · · · · · · · · · · · · · · · ·  | and the second s |
|                 | res. Explain here:   |            |  |  |
|                 |  |            |  | **   |
|                 |  |            |  |  |

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 46 of 65

| Fill in this information to ident  | ify your case:   |  |  |                               |                               |
|--|--|--|--|-------------------------------|-------------------------------|
| Debtor 1 VouseF  | JOSEPH<br>Middle Name  | RAFAT I  | Check if this is:                            |                               |                               |
| Debtor 2   |  |  | ☐ An amended                                 | l filing                      |                               |
| (Spouse, if filing) First Name   | Middle Name  | Lasi Name  |  | ~                             | tpetition chapter 13          |
| United States Bankruptcy Court for th  | ie: Northern District of I   | llinois  | expenses as                                  | of the followin               | g date:                       |
| Case number<br>(if known)  |  |  | MM / DD / YY                                 | YY                            |                               |
| Official Form 106J-2   | 2_   |  |  |                               |                               |
| Schedule J-2:  | Expenses   | for Separate Ho  | ousehold of                                  | Debtor                        | 2 12/15                       |
| Use this form for Debtor 2's sep Debtor 2 have one or more depe only with respect to expenses for needed, attach another sheet to question.  Part 1: Describe Your H | ndents in common, list<br>or Debtor 2 that are no<br>this form. On the top | st the dependents on both Sch<br>et reported on Schedule J. Be | edule J and this form. as complete and accur | Answer the quate as possible. | estions on this form          |
| Part 1: Describe Your H  1. Do you and Debtor 1 maintain   |  |  |  |                               |                               |
| No. Do not complete this Yes   | 1  |  |  |                               |                               |
| 2. Do you have dependents?   | □ No\  |  |  |                               |                               |
| Do not list Debtor 1 but list all other dependents of Debtor 2   | Yes. Fill out this   | s information for Debtor                                       | elationship to                               | Dependent's age               | Does dependent live with you? |
| regardless of whether listed as a dependent of Debtor 1 on   | \  |  |  | ***                           | □ No<br>□ Yes                 |
| Schedule J.  | \  | \  |  |                               | ☐ No                          |
| Do not state the dependents' names.  | \  | \ <u></u>  | <del></del>                                  | <del></del>                   | ☐ Yes                         |
| \  | . \  | \  |  |                               | ☐ No .                        |
| \  | \  | **************************************                         |  | TATVILATION                   | ☐ Yes                         |
| \  | \  | <u> </u>   |  |                               | □ No                          |
|  | \  |  |  |                               | ☐ Yes                         |
| \  |  |  |  |                               | ☐ No<br>☐ Yes                 |
| B. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?   |  |  |  |                               |                               |
| Part 2: Estimate Your Ongo   | oing Monthly Exper   | iseb   |  | •                             |                               |
| Estimate your expenses as of you   |  |  | orm as a supplement in                       | a Chantar 12 a                |                               |
| expenses as of a date after the ba   | inkruptcy is filed.  |  | om as a supplement in                        | a Chapter 13 C                | ise to report                 |
| Include expenses paid for with no  | VI-Case dovernment a   | cristona if you know the walk                                  | · - #  |                               |                               |
| such assistance and have include   | ed it on Schedule I: Yo  | our Income (Official Form 106).                                | le of<br>)                                   | Your expen                    | ises                          |
| 4. The rental or home ownership any rent for the ground or lot.  |  |  |  |                               |                               |
| If not included in line 4:   |  |  | · ·  |                               |                               |
| 4a. Real estate taxes  |  |  | 4a.  | \$                            |                               |
| 4b. Property, homeowner's, or  | renter's insurance   |  | 4b.  | \$                            |                               |
| 4c. Home maintenance, repair   | and upkeep expenses  |  | 4c.  | \$                            |                               |
| 4d. Homeowner's association of   | or condominium dues  |  | 4d.  | \$                            |                               |

# Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 47 of 65

| D:  | obtor 1 YOUSEF JOSEPH RAFATT Case number (##   | nowa) |               |
|-----|--|-------|---------------|
|     | Flyst Name Middle Name Last Name   |       |               |
|     |  |       |               |
|     |  |       | Your expenses |
| 5.  | Additional mortgage payments for your residence, such as home equity loans                           | 5.    |               |
|     |  | J.    |               |
| ь.  | Utilities:  6a. Electricity, heat, natural gas   |       |               |
|     | 6b. Water, sewer, garbage collection   | 6a.   | \$            |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                   | 6b.   | \$            |
|     | 6d. Other. Specify:  | 6c.   | \$            |
| 7   | Food and housekeeping supplies   | 6d.   | \$            |
|     |  | 7.    | \$            |
| 8.  |  | 8.    | \$            |
| 9.  | Clothing, laundry, and dry cleaning  | 9.    | \$            |
| 10. | Personal care products and services  | 10.   | \$            |
| 11. | Medical and dental expenses  | 11.   | \$            |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.           | 12.   | \$            |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                   |       | <i>e</i>      |
| 14. | Charitable contributions and religious donations   | 13.   | \$            |
| 15. | Insurance.   | 14.   | <b>*</b>      |
| 10. | Do not include insurance deducted from your pay or included in lines 4 or 20.                        |       |               |
|     | 15a. Life insurance  | 15a.  | ¢             |
|     | 15b. Health insurance  | 15b.  | \$            |
|     | 15c. Vehicle insurance   | 15c.  | \$            |
|     | 15d. Other insurance. Specify:   | 15d.  | \$<br>\$      |
|     |  | 100.  | Y             |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                     |       | •             |
|     | Specify:   | 16.   | \$            |
| 17. | Installment or lease payments:   |       |               |
|     | 17a. Car payments for Vehicle  | 17a.  | \$            |
|     | 17b. Car payments for Vehicle 2  | 17b.  | \$            |
|     | 17c. Other. Specify:   | 17c.  | \$            |
|     | 17d. Other. Specify:   | 17d.  | \$            |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from          |       |               |
|     | your pay on line 5, Schedule I, Your Income (Official Form 106I).                                    | 18.   | \$            |
| 19. | Other payments you make to support others who do not live with you.                                  |       |               |
|     | Specify:   | 19.   | \$            |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income | e.    |               |
|     | 20a. Mortgages on other property   | 20a.  | \$            |
|     | 20b. Real estate taxes   |       |               |
|     | 20c. Property, homeowner's, or renter's insurance  | 20b.  | \$            |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20c.  | \$<br>\$      |
|     | 20e. Homeowner's association or condominium dues   | 20d.  | ¢             |

# Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 48 of 65

| Debtor 1 UNSET INSEPH RAFAT Case num  | iber (if known) |     |
|---|-----------------|-----|
| 21. Other. Specify:   | 21.             | +\$ |
| 22. Your monthly expenses. Add lines 5 through 21.  The result is the monthly expenses of Debtor 2. Copy the result to line 32b of Schedule J to calcul total expenses for Debtor 1 and Debtor 2. | ate the 22.     | \$  |
| 23. Line not used on this form.   |                 |     |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this for  | m?              |     |
| For example, do you expect to make paying for your car oan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage | ?               |     |
| □ No. □ Yes. Explain here:  |                 |     |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 49 of 65

| Fill in this information to identif                         |                                |                       |   |                                 |
|---|--------------------------------|-----------------------|---|---------------------------------|
|   | fy your case:                  |                       |   |                                 |
| Debtor 1 Youse L  | Joseph                         | Palli:                | MANUSCOS SU   |                                 |
| First Name  | Middle Name                    | Last Name             |   |                                 |
| ebtor 2<br>pouse, if filing) First Name                     | Middle Name                    | Last Name             |   |                                 |
| nited States Bankruptcy Court for the                       | e: Northern District of Illino | is                    |   |                                 |
| ase number  |                                |                       |   |                                 |
| f known)  |                                |                       |   |                                 |
| <del></del>   | 4                              |                       |   | Check if this is amended filing |
|   |                                |                       |   | 9                               |
| Official Form 106D  | )ec                            |                       |   |                                 |
|   |                                |                       |   |                                 |
| Declaration A   | about an In                    | dividual l            | Debtor's Schedules  | 12/15                           |
| f two married people are filing                             | together both are equa         | lly roomeneible for a |   |                                 |
|   |                                |                       | pplying correct information.<br>d schedules. Making a false statement, concea           |                                 |
| Sign Below  Did you pay or agree to pay                     | v someone who is NOT a         |                       |   |                                 |
| Yes. Name of person   |                                | n attorney to help yc | Attach Bankruptcy Petition Preparer's Notice, Declara                                   | ition, and                      |
| <u> </u>  |                                | n attorney to help yc |   | ition, and                      |
| <u> </u>  |                                | n attorney to help yc | Attach Bankruptcy Petition Preparer's Notice, Declara                                   | ition, and                      |
| <u> </u>  |                                | n attorney to help yc | Attach Bankruptcy Petition Preparer's Notice, Declara                                   | ition, and                      |
| Yes. Name of person   |                                |                       | Attach Bankruptcy Petition Preparer's Notice, Declara<br>Signature (Official Form 119). | ition, and                      |
| Yes. Name of person   | declare that I have read th    |                       | Attach Bankruptcy Petition Preparer's Notice, Declara                                   | ition, and                      |
| Yes. Name of person   | declare that I have read th    |                       | Attach Bankruptcy Petition Preparer's Notice, Declara<br>Signature (Official Form 119). | ition, and                      |
| Yes. Name of person   | declare that I have read th    |                       | Attach Bankruptcy Petition Preparer's Notice, Declara<br>Signature (Official Form 119). | ation, and                      |
| Yes. Name of person   | declare that I have read the   |                       | Attach Bankruptcy Petition Preparer's Notice, Declara<br>Signature (Official Form 119). | ntion, and                      |
| Yes. Name of person   | declare that I have read the   | he summary and sch    | Attach Bankruptcy Petition Preparer's Notice, Declara<br>Signature (Official Form 119). | ation, and                      |
| Under penalty of perjury, I of that they are true and corre | declare that I have read the   | he summary and sch    | Attach Bankruptcy Petition Preparer's Notice, Declara<br>Signature (Official Form 119). | ntion, and                      |

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 50 of 65

| ebtor 1  | Yousef   |  | Joseph                         | Rafati   |   |                                 |                                     |   |
|--|--|--|--------------------------------|--|---|---------------------------------|-------------------------------------|---|
|  | First Name   |  | Middle Name                    | Last Name  |   |                                 |                                     |   |
| btor 2<br>ouse, if filir   | ng) First Name   | / 1  | fiddle Name                    | Last Name  |   |                                 |                                     |   |
| ted State  | es Bankruptcy Cou  | rt for the: Norti  | hern District o                | of Illinois  |   |                                 |                                     |   |
| se numbe   | er   |  |                                |  |   |                                 |                                     |   |
|  |  |  |                                |  |   |                                 |                                     | Check if this is<br>amended filing                                |
| aten   |  | inanci   |                                | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>   | iduals Filing   |                                 |                                     |   |
| mation.  | . If more space<br>(nown). Answer  | is needed, a   | ttach a sepa                   | rried people are filing<br>trate sheet to this forr  | together, both are equ<br>n. On the top of any ad                                       | ially respons<br>Iditional page | ible for supply<br>es, write your i | ying correct<br>name and case                                     |
| rt 1:  | Give Details   | About Your   | Marital St                     | atus and Where Yo  | u Lived Refere  |                                 |                                     |   |
| 2010   |  |  |                                | atus and ittiete st  | u Lived Belore  |                                 |                                     |   |
| What is  | your current m   | arital status  | ?                              |  |   |                                 |                                     |   |
| ☐ Man  |  |  |                                |  |   |                                 |                                     |   |
| DO   | marriad  |  |                                |  |   |                                 |                                     |   |
| Not  | manieu   |  |                                |  |   |                                 |                                     |   |
|  |  | have you liv   | and any such as                |  |   |                                 |                                     |   |
| During t   |  | , have you liv   | ved anywher                    | e other than where yo  | ou live now?  |                                 |                                     |   |
| During t   | the last 3 years,  |  |                                | e other than where you   |   |                                 |                                     |   |
| During t No Yes.   | the last 3 years,  |  |                                |  |   |                                 |                                     | Dates Debtor  |
| During t No Yes.   | the last 3 years,  |  |                                | years. Do not include  | where you live now.   |                                 |                                     | Dates Debtor:   |
| During t No Yes.   | the last 3 years,  |  |                                | years. Do not include  Dates Debtor 1  | where you live now.   | , Č                             |                                     | entre la la la companya de la |
| During to No Yes.  | the last 3 years, List all of the placeboor 1:   | aces you lived   |                                | years. Do not include  Dates Debtor 1  | where you live now.  Debtor 2:  Same as Debtor 1  | Ò                               |                                     | lived there  Same as Debt   |
| During to No Yes.  | the last 3 years, List all of the pl   | aces you lived   |                                | years. Do not include  Dates Debtor 1 lived there  | where you live now.  Debtor 2:  Same as Debtor 1  | <u>\</u>                        |                                     | lived there   |
| During to No Yes.  De  | the last 3 years, List all of the plants all of  | aces you lived   | d in the last 3                | pates Debtor 1 lived there   | where you live now.  Debtor 2:  Same as Debtor 1  |                                 |                                     | lived there  Same as Debt  From                                   |
| During to No Y Yes.  De  | the last 3 years, List all of the placebook 1:  2624 S 50th Coumber Street   | aces you lived   |                                | pates Debtor 1 lived there   | where you live now.  Debtor 2:  Same as Debtor 1  Number Street                         | State                           | ZIP Code                            | Same as Debt  |
| During to No    No    Per    P | the last 3 years, List all of the placebook 1:  2624 S 50th Coumber Street   | aces you lived   | d in the last 3                | pates Debtor 1 lived there   | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City                   | State                           | ZIP Code                            | Same as Debt From To  |
| During to No    De    De    O    O    O    O    O  | the last 3 years, List all of the place of t | aces you lived   | d in the last 3                | years. Do not include  Dates Debtor 1 lived there  From 09/01/2014 To 08/31/2016           | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1 | State                           | ZIP Code                            | Same as Debt  |
| During to No Yes.  De No Ci  | the last 3 years, List all of the placebook 1:  2624 S 50th Coumber Street   | aces you lived   | d in the last 3                | Pates Debtor 1 lived there  From 09/01/2014 To 08/31/2016                                  | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1 | State :                         | ZIP Code                            | Same as Debte Same as Debte Same as Debte From                    |
| During to No   No   De   9   Nu   Cit  | the last 3 years, List all of the plants all of  | IL State   | d in the last 3                | years. Do not include  Dates Debtor 1 lived there  From 09/01/2014 To 08/31/2016           | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1 | State :                         | ZIP Code                            | Same as Debte   |
| During to No   No   De   Parameter   Param | the last 3 years, List all of the plants.  2624 S 50th Coumber Street  Cak Lawn  Cy  Chick Sumber Street   | IL State   | d in the last 3                | Pates Debtor 1 lived there  From 09/01/2014 To 08/31/2016                                  | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1 | State :                         | ZIP Code                            | Same as Debto From To Same as Debto From                          |
| During to No   No   De   Para   Para  | the last 3 years, List all of the plant of t | aces you lived  T  IL  State  RUBERTS  | 60453<br>ZIP Code              | Pates Debtor 1 lived there  From 09/01/2014 To 08/31/2016                                  | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1 | State :                         | ZIP Code                            | Same as Debte To Same as Debte From                               |
| During to No    De    O  | the last 3 years, List all of the plant of t | Aces you lived  T  IL  State    Correction of the correction of th | 60453 ZIP Code  60457 ZIP Code | Pates Debtor 1 lived there  From 09/01/2014 To 08/31/2016  From 09/01/2013 To 08/31/2014   | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Number Street    | State                           | ZIP Code                            | Same as Debt From To Same as Debt From To To                      |
| During to No    No    Yes.    De    O    O    O    O    O    O   | the last 3 years, List all of the plastor 1:  2624 S 50th Coumber Street  Dak Lawn  Dak Lawn  Street  UNIT 3FF  ickory Hills  y  the last 8 years,   | CT  IL  State  PUBERTS  IL  State  did you ever  | 60453 ZIP Code  60457 ZIP Code | Pates Debtor 1 lived there  From 09/01/2014  To 08/31/2014  From 09/01/2013  To 08/31/2014 | where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City  Number Street    | State                           | ZIP Code                            | Same as Debt From To  Same as Debt From To  Community process.    |

**Explain the Sources of Your Income** 

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 51 of 65

| ebtor 1 | Yousef Josep  | h Rafa                                     | ati                    | Case num          | ber (if known)  |  |
|---------|---|--|------------------------|-------------------|---|--|
|         |   |  |                        |                   |   |  |
| Fil     | d you have any income from employ: Il in the total amount of income you receivou are filing a joint case and you have | eived from all jobs and                    | i all businesses, i    | ncluding part-tim | e activities.   | lendar years?  |
| Ø       | No<br>Yes. Fill in the details.   |  |                        |                   |   |  |
|         |   | Debtor 1                                   |                        |                   | Debtor 2  |  |
|         |   | Sources of income Check all that app       |                        | leductions and    | Sources of income<br>Check all that apply.            | Gross income<br>(before deductions and<br>exclusions)            |
|         | From January 1 of current year unit the date you filed for bankruptcy:  | Wages, common bonuses, tips  Operating a b | \$                     | c42.76            | Wages commissions, bonuses, tips Operating a business | \$   |
|         | For last calendar year:   | Wages, commonuses, tips                    | nissions,              | 3, 819.89         | Wages, commissions/                                   | A  |
|         | (January 1 to December 31, 2016   | ) Dongses, tips Operating a b              | usiness \$1 '          | 3,0110            | bonuses, tips  Operating a business                   | <b>#</b>   |
|         | For the calendar year before that:  | ☑ Wages, comm                              | nissions,              | 14.004            | Wages, commissions,                                   |  |
|         | (January 1 to December 31, 2015   | bonuses, tips  Operating a b               |                        | 008.88            | bonuses, tips  Operating a business                   | \$   |
| List    | mbling and lottery winnings. If you are fit each source and the gross income from No  Yes. Fill in the details.       |  |                        |                   |   | e under Debtor 1.  |
|         | res. Fin in the details.  | Debtor 1                                   |                        |                   | Debtor 2  | •  |
|         |   | Sources of incom<br>Describe below.        | each sou<br>(before de | eductions and     | Sources of income<br>Describe below.                  | Gross income from each source (before deductions and exclusions) |
|         | From January 1 of current year unt the date you filed for bankruptcy:   |  | \$<br>\$               | <u> </u>          |   | - \$   |
|         |   | ***************************************    | T \\$                  |                   | _//   | \$   |
|         | For last calendar year:   |  | \$                     |                   |   | - \$   |
|         | (January 1 to December 31, 2016 )   |  | \$<br>\$               |                   |   | \$   |
|         |   |  |                        |                   |   |  |
|         | For the calendar year before that:  |  | \$                     | <u> </u>          |   | \$   |
|         | (January 1 to December 31, 2015   |  | \$                     | <del></del>       |   | \$   |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 52 of 65

| tor 1        | Yousef<br>First Name Mic            | Joseph<br>Idle Name Last Name                          | Rafati  | Case number (# k   | (nown)                                  |
|--------------|-------------------------------------|--|---|--|---|
| art 3:       | List Certain P                      | ayments You Made l                                     | Before You Filed for  | Bankruptcy   |   |
|              |                                     |  |   |  |   |
| Are eith     | er Debtor 1's or                    | Debtor 2's debts prima                                 | rily consumer debts?  |  |   |
| ☐ No.        | Neither Debtor<br>"incurred by an i | 1 nor Debtor 2 has prin<br>ndividual primarily for a p | narily consumer debts.  personal, family, or house  | Consumer debts are defined hold purpose."  | l in 11 U.S.C. § 101(8) as              |
|              | During the 90 da                    | lys before you filed for ba                            | ankruptcy, did you pay an   | y creditor a total of \$6,425*   | or more?                                |
|              | No. Go to lin                       | e 7.   |   |  |   |
|              | totai arr                           | nount you paid that credit                             | or. Do not include payme  | 25* or more in one or more p<br>ents for domestic support obli-<br>to an attorney for this bankr | inations such as                        |
|              |                                     |  |   | cases filed on or after the da   |   |
| <b>Z</b> Yes |                                     | otor 2 or both have prim                               |   |  | •                                       |
|              |                                     |  |   | y creditor a total of \$600 or n   | nore?                                   |
|              | ☑ No. Go to line                    |  |   | •  |   |
|              | creditor.                           | . Do not include payment                               | n you paid a total of \$600<br>is for domestic support ob<br>ments to an attorney for   | or more and the total amour<br>oligations, such as child supp<br>this bankruptcy case.           | nt you paid that<br>port and            |
|              |                                     |  | Dates of Payment  | tal amount paid Amou   | int you still owe Was this payment for. |
|              | Creditor's Name                     |  | \$_   | \$   | Mortgage                                |
|              | Creditor's Name                     | e  | _   |  | ☐ Car                                   |
|              | Number Stre                         | et   | + - +   | ,  | ☐ Credit card                           |
|              |                                     |  |   |  | Loan repayment                          |
|              | <del></del>                         |  | \ <del>.</del>  |  | Suppliers or vendors                    |
|              | City                                | State ZIP Co   | ode \   |  | Other                                   |
|              |                                     |  |   |  |   |
|              |                                     | \  | \   | <b>S</b>   | ,                                       |
|              | Creditor's Name                     |  |   | Ψ  | Mortgage                                |
|              |                                     |  |   |  | ☐ Car<br>☐ Credit card                  |
|              | Number Stree                        | " / /  |   |  | ☐ Loan repayment                        |
|              |                                     |  | athlesis and a second a second and a second |  | Suppliers or vendors                    |
|              | O.L.                                |  |   |  | Other                                   |
|              | City                                | State ZIP Co   | de  |  | · ·                                     |
|              |                                     |  |   |  | **                                      |
|              |                                     |  | \$  | \$   | □ Mortgage                              |
|              | Creditor's Name                     |  |   |  | ☐ Car                                   |
|              | Number Stree                        |  | ***************************************   |  | Credit card                             |
|              |                                     |  |   |  | Loan repayment                          |
|              |                                     | ,  |   |  | Suppliers or vendors                    |
|              |                                     |  |   |  |   |

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 53 of 65

| Debtor 1              | Yousef<br>First Name Mid  | Joseph<br>dle Name Last Name                              | Rafati                              | _                                   | Case number (if known  | 9)  |
|-----------------------|---|---|-------------------------------------|-------------------------------------|--|---|
| corpo<br>agen<br>such | ers include your relat<br>prations of which you<br>t, including one for a<br>as child support and | are an officer, director, pe<br>business you operate as a | relatives of any rson in control, o | general partners; prowner of 20% or | partnerships of which<br>more of their voting  | who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations, |
| <b>∑</b> N            | lo<br>es. List all payments   | to an insider.  | Dates of payment                    | Total amount paid                   | Amount you still<br>owe  | Reason for this payment   |
|                       | Insider's Name  |   | ,                                   | \$                                  | \$   |   |
| ,                     | Number Street   | $\frac{1}{\sqrt{k}}$                                      |                                     |                                     |  |   |
|                       | City  | State ZIP Code  |                                     | \$                                  | \$   |   |
| _                     | Number Street   | \   |                                     |                                     |  |   |
|                       | City  | State ZIP Code  |                                     |                                     |  |   |
| Includ                | e payments on debts   | filed for bankruptcy, did y guaranteed or cosigned b      |                                     | ayments or transi                   | fer any property o   | n account of a debt that benefited  |
| ∑ÍNo<br>□ Ye          |   | hat benefited an insider.                                 | Dates of payment                    | Total amount                        | Amount you still owe   | Reason for this payment Include creditor's name   |
| Ĩr                    | nsider's Name   |   |                                     | \$                                  | \$   |   |
| <u> </u>              | umber Street  | 1   |                                     |                                     | and the second s |   |
| ĉ                     | ity   | State ZIP Code  |                                     |                                     | :  |   |
|                       | sider's Name  |   |                                     | \$                                  | \$   |   |
| - N                   | umber Street  |   |                                     |                                     |  |   |

City

State

ZIP Code

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 54 of 65

| all such matters, including personat in<br>contract disputes.   | uptcy, were you a party in any laws<br>ijury cases, small claims actions, divor  | uit, court action, or administra<br>ces, collection suits, paternity ac | tive proceeding?<br>tions, support or custody modif |
|---|--|---|---|
| lo<br>'es. Fill in the details.   | Nature of the case   | Court or agency   | Status of the c                                     |
| <sub>Case title</sub> Weltman Weinberg  | Balance of repossessed auto loan   | Bridgeview Courthouse   |   |
| 180N LaSalle  |  | 10220 S 76th Ave  | On appeal   |
| Case number 15 M5 006824  |  | Bridgeview IL City State Zi   | 60455   |
| Case title  | · · · · · · · · · · · · · · · · · · ·  | Court Name  | Pending   |
| NIA   |  | Number Street   | On appeal Concluded                                 |
| Case number   | Annual Control of the | City State Zi   | <sup>2</sup> Code                                   |
| in 1 year before you filed for bankruk all that apply and fill in the details be o. Go to line 11. es. Fill in the information below.   | uptcy, was any of your property repelow.   | ossessed, foreclosed, garnish   |   |
| k all that apply and fill in the details be common to the common of the | elow.  |   | er<br>Triffisher grad Waters Stewards               |
| k all that apply and fill in the details b<br>o. Go to line 11.   | elow.<br>en sa nedeologijas a cija   |   | en e            |
| k all that apply and fill in the details be common to the common of the | Describe the property  Explain what happened   | -   | en e            |
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| k all that apply and fill in the details be o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State Zit  | Explain what happened Property was repo Property was garn Property was attact  | ssessed.<br>losed.<br>shed.<br>hed, seized, or levied.                  | Value of the proper \$                              |
| k all that apply and fill in the details be o. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State ZII  | Explain what happened  Property was repo Property was fored Property was attact Property was attact Describe the property  | ssessed. losed. shed. hed, seized, or levied. D                         | Value of the prope                                  |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 55 of 65

|                                      | Yousef<br>First Name   | Middle Name  | seph<br>Last Nan   | Rafati   | Case number (if known)   |
|--------------------------------------|--|--|--------------------|--|--|
|                                      |  |  |                    |  |  |
| thii                                 | n 90 davs befo   | re vou filed for   | r hankrunte        | cy did any croditor  | or, including a bank or financial institution, set off any amounts from you  |
| COL                                  | ints or retuse   | to make a payr   | nent becau         | use you owed a deb   | or, including a bank or financial institution, set off any amounts from you<br>ebt?  |
| No                                   | =  |  |                    |  |  |
| Υe                                   | es. Fill in the de   | tails.   |                    |  |  |
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| Cre                                  | editor's Name  |  |                    |  | was taken  |
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| Nu                                   | mber Street  | 11-7   | 17000A             |  | \$   |
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| City                                 | /  | State ZII  | P Code             | Last 4 digits of accor   | ount number: XXXX  |
|                                      |  |  |                    |  | ···· <del>·</del>  |
| hin                                  | 1 year before  | you filed for b  | ankruptcy,         | was any of your p  | property in the possession of an assignee for the benefit of   |
| dite<br>No                           | ors, a court-ap  | pointed receive  | er, a custo        | dian, or another of  | fficial?   |
| No<br>Ye:                            |  |  |                    |  |  |
| ; C                                  | J  |  |                    |  |  |
| •                                    | List Certain   | Giffe and Ca   | ontributio         | ons  |  |
|                                      |  | Giits and Ct   |                    |  |  |
|                                      |  | onts and co  |                    |  |  |
|                                      | 2 years before   |  | ankruptcy          | , did you give any o   | Gifts with a total value of more than \$500 per person?  |
| nin                                  | 2 years before   |  | pankruptcy         | , did you give any ເ   | gifts with a total value of more than \$600 per person?  |
| nin<br>No                            |  | you filed for b  |                    | , did you give any (   | gifts with a total value of more than \$600 per person?  |
| hin<br>No<br>Yes                     | s. Fill in the deta  | you filed for balls for each gift  | 1.                 |  | gifts with a total value of more than \$600 per person?  |
| hin<br>No<br>Yes<br>Gi               | s. Fill in the deta  | you filed for b  | L<br>specialistics | , did you give any g   | Dates you gave Value   |
| nin<br>No<br>Yes<br>Gi               | s. Fill in the deta  | you filed for b  | L<br>specialistics | to kind to his to have the property years  |  |
| nin<br>No<br>Yes<br>Gi               | s. Fill in the deta  | you filed for b  | L<br>specialistics | to kind to his to have the property years  | Dates you gave Value   |
| nin<br>No<br>Yes<br>Gi               | s. Fill in the deta  | you filed for bails for each gift  | L<br>specialistics | to kind to his to have the property years  | Dates you gave Value   |
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| nin<br>No<br>Yes<br>Gi<br>pe         | s. Fill in the detailing the second se | e you filed for beatles for each gift alue of more than the same the Gift State ZIP  | n \$600 E          | to king the history of the section o | Dates you gave Value   |
| nin<br>No<br>Yes<br>Gi<br>pe         | s. Fill in the deta<br>ifts with a total ver<br>person   | e you filed for beatles for each gift alue of more than the same the Gift State ZIP  | n \$600 E          | to king the history of the section o | Dates you gave Value   |
| Gin No Yes Gin Person Number 1       | s. Fill in the detail ver person  on to Whom You Galber Street   | e you filed for beatles for each gift alue of more than the Gift State ZIP to you  | n \$600 / E        | Describe the gifts   | Dates you gave the gifts  S  S   |
| Gifts                                | s. Fill in the detailing the second se | e you filed for beatles for each gift alue of more than the Gift State ZIP to you  | n \$600 / E        | to king the history of the section o | Dates you gave Value   |
| Gifts                                | s. Fill in the detail value on to Whom You Ga  | e you filed for beatles for each gift alue of more than the Gift State ZIP to you  | n \$600 / E        | Describe the gifts   | Dates you gave Value the gifts  S  Dates you gave Value  |
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| hin<br>No<br>Yes<br>Gi<br>ge<br>Pers | s. Fill in the detail value on to Whom You Ga  | e you filed for beatles for each gift alue of more than size to you to you the of more than the size of more t | n \$600 / E        | Describe the gifts   | Dates you gave Value the gifts  S  Dates you gave Value  |
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| Gin No Yes Gin Pers                  | s. Fill in the detail value on to Whom You Ga  | e you filed for beatles for each gift alue of more than size to you to you the of more than the size of more t | n \$600 [          | Describe the gifts   | Dates you gave Value the gifts  S  Dates you gave Value  |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 56 of 65

| 1                          | Yousef<br>First Name      | Joseph Middle Name Last     | Rafati Name  | Case number (# known)  |
|----------------------------|---------------------------|-----------------------------|--|--|
|                            |                           |                             |  |  |
| thi                        | in 2 years befor          | e you filed for bankrup     | otcy, did you give any gifts or  | contributions with a total value of more than \$600 to any chari   |
| N                          | lo                        |                             |  | , , , , , , , , , , , , , , , , , , ,  |
| Υ                          | es. Fill in the de        | tails for each gift or cont | tribution.   |  |
|                            | Gifts or contribut        | ions to charities           | Describe what you contributed  | Date you Value   |
| •                          | that total more th        | an \$600                    |  | contributed  |
|                            |                           | 10                          |  |  |
| CI                         | harity's Name             |                             |  | : <u></u> \$   |
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| i iji                      |                           |                             |  |  |
| 6:                         | List Certa                | in Losses                   |  |  |
| <b>Z</b> No<br><b>L</b> Ye | o<br>es. Fill in the det  | ails.                       |  |  |
|                            | Describe the prop         |                             | Describe any Insurance covera  | ge for the loss Date of your Value of prope  |
| n                          | now the loss occu<br>ਨੇ   | irred                       | Include the amount that insurance claims on line 33 of Schedule A/E  | e has paid. List pending insurance   |
|                            |                           | JIT                         |  |  |
|                            | •                         |                             |  | \$   |
|                            |                           |                             | Company of the Compan |  |
| a ar                       | List Certain              | Payments or Trans           | ifers  | And the second of the second o |
| nie<br>Die                 |                           |                             |  | ing on your behalf pay or transfer any property to anyone  |
| C                          | onsuited about            | seeking bankruptcy o        | r preparing a bankruptcy petit   | ion?   |
|                            |                           | bankruptcy petition prep    | parers, or credit counseling age   | ncies for services required in your bankruptcy.  |
| No<br>V                    | o<br>es. Fill in the deta | nite                        |  |  |
| TE                         | s. Fill iff the det       | alis.                       |  |  |
| _                          |                           |                             | Description and value of any pr  | operty transferred Date payment or Amount of payment   |
| P                          | erson Who Was Paid        |                             |  | Malister was   |
| N                          | umber Street              | 111                         |  | <b>s</b>   |
| _                          |                           | 1111                        |  |  |
|                            |                           | 1 1/1 1/                    |  | <b>\$</b>  |
| Çi                         | ity                       | State ZIP Code              |  |  |
| 7                          | mail or wohaits and       |                             |  |  |
|                            | mail or website addre     |                             |  |  |
| Pe                         | erson Who Made the        | Payment, if Not You         | !  |  |

## Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 57 of 65

|  | First Name   | Middle Name   | Last  | Rafati<br>Name   | Case number   | (if known)  |  |
|--|--|---|---|--|---|---|--|
|  |  |   |   |  |   |   |  |
| ** **  | tation and the second and the second and the second  |   |   |  |   |   | and the second s |
|  |  |   |   | Description and value of any pr  | operty transferred                                  | Date payment or transfer was mad                      | Amount of<br>e payment   |
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| ō  | erson Who Made the   | Compant if black  | Val   |  |   |   |  |
| •  | croon who wade the   | r caymera, ir 140t  | 100   | Contract of the contract of th |   |   |  |
| nmi<br>Omi   | 1 1 year before t  | you filed for   | bankruptc   | cy, did you or anyone else acti<br>ors or to make payments to yo   | ng on your behalf pay                               | y or transfer any property                            | to anyone who  |
| noi  | t include any pay  | yment or tran   | sfer that yo  | ou listed on line 16.  | ur creditors?                                       |   |  |
| No   |  | •   | , , , , , ,   |  |   |   |  |
|  | )<br>s. Fill in the deta   | ails  |   |  |   |   |  |
| •  |  | uno.  |   |  |   |   | 1914 - 1914 (1914)   |
|  |  |   |   | Description and value of any pro   | perty transferred                                   | Date payment or<br>transfer was                       | Amount of paym   |
| P  | erson Who Was Paid   | 1 1/  |   |  |   | made  |  |
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| -<br>5   | ny   |   | IP Code   |  |   |   | \$   |
| –<br>c<br>ithin  | ity 2 years before   | you filed for   | r bankrupte   | cy, did you sell, trade, or othe   | rwise transfer any pro                              | operty to anyone, other th                            | \$   |
| _<br>C<br>ithin<br>ansfe   | 2 years before   | you filed for   | r bankrupte<br>of your be                                 | usiness or financial affairs?  |   |   |  |
| ithin<br>ansfe<br>clude<br>o not   | 2 years before erred in the ord both outright trainclude gifts and   | you filed for<br>linary course<br>ansfers and to                              | r bankrupte<br>of your be<br>ransfers ma                  | cy, did you sell, trade, or othe<br>usiness or financial affairs?<br>ade as security (such as the gra<br>e already listed on this statemen   | nting of a security inter                           |   |  |
| ithin<br>insfe<br>clude<br>o not<br>No   | 2 years before erred in the ord both outright trainclude gifts and   | you filed for<br>linary course<br>ansfers and to<br>d transfers the           | r bankrupte<br>of your be<br>ransfers ma                  | usiness or financial affairs?<br>ade as security (such as the gra  | nting of a security inter                           |   |  |
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Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 58 of 65

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Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Page 59 of 65 Document Yousef Joseph Rafati Debtor 1 Case number (if known) First Na Middle Mar 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ZÍ No Yes. Fill in the details. Do you still have it? □ No Name of Storage Facility Name Yes Number Stre Number Street CityState ZIP Code City State ZIP Code Part 9: identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ☑ No Yes. Fill in the details. Describe the property Value Number Nambi ZIP Code State City State ZIP Code Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details, Environmental law, if you know it Date of notice Name of site Governmental unit Number Stre Number City State ZIP Code

City

ZIP Code

State

# Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 60 of 65

| Debtor 1    | Yousef<br>First Name Middle  | Joseph<br>Name Last   | Rafati Name   | Case number (if known)   |
|-------------|--|---|---|--|
|             |  |   |   |  |
| 25. Hav     |  | vernmental unit o   | f any release of hazardous materi   | al?  |
|             | Yes. Fill in the details   |   |   |  |
|             |  |   | Governmental unit   | Environmental law, if you know it Date of notice                                 |
|             | Name of site   | Λ   | Governmental unit   |  |
|             | Number Street  |   | Number Street   |  |
|             |  | · · · · · · · · · · · · · · · · · · ·                                   | City State ZIP Code   |  |
|             | City   | State ZIP Code  |   |  |
| 26. Have    |  | any judicial or adı   | ministrative proceeding under an  | y environmental law? Include settlements and orders.                             |
|             | no<br>Yes. Fill in the details.  |   | NAMEDA DEGRESORES DE LA TENCA -   |  |
|             |  |   | Court or agency   | Nature of the case Status of the case  |
| (           | Case title   | 7   | Court Name  | — Pending  |
| •           |  | +   | Number Street   | On appeal  |
| 2           |  | J   | . Rumper Street   | Concluded  |
| •           | Case number  |   | City State ZIP Cod  | · · · · · · · · · · · · · · · · · · ·  |
| [<br>[<br>[ | ☐ A sole proprietor o ☐ A member of a limi ☐ A partner in a partr ☐ An officer, director | r self-employed i<br>ted liability comp<br>nership<br>, or managing exc | tcy, did you own a business or ha<br>n a trade, profession, or other act<br>any (LLC) or limited liability partr<br>ecutive of a corporation<br>g or equity securities of a corpora | ership (LLP)   |
| <b>2</b>    | No. None of the above  | applies. Go to Pa   | art 12.   |  |
| <b>L</b>    |  | oly above and fill i  | in the details below for each business Describe the nature of the business  | 第一篇 "高,我们是一条 我们是我们的,我们就会不好的,我们就是我们的,我们就是我们的,我们就是这个人的,我们就是这样的,我们就是一个人的。""我们的,我们就是 |
|             | Business Name  |   | 1   | EIN:   |
|             | Number Street  | · · · · · · · · · · · · · · · · · · ·                                   | Name of accountant or bookkeeper  |  |
|             |  |   | •   | From To  |
|             |  | tate ZIP Code   | Describe the nature of the business   | Employer Identification number  Do not include Social Security number or ITIN.   |
|             | Business Name  |   |   | EIN:   |
|             | Number Street  |   | Name of accountant or bookkeeper  |  |
|             | City   | 710.0-4-  |   | From To  |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 61 of 65

|                             | Yousef<br>First Name   | Joseph<br>Middle Name  | Rafati st Name   | Case number (if known)   |
|-----------------------------|--|--|--|--|
|                             |  |  |  |  |
|                             |  |  | Describe the nature of the business  | Employer Identification number   |
|                             | Business Name  |  |  | Do not include Social Security number or ITIN.   |
|                             | Number Street  | x+th=  |  | FINE STATE OF THE  |
|                             |  |  | Name of accountant or bookkeeper   | Dates business existed   |
|                             |  |  |  | From To  |
|                             | City   | State ZIP Code   |  |  |
|                             | and the second s | the thin thrown in a property of manner or service and was   | m spanning transfer and the state of the sta |  |
|                             |  | e you filed for bankro<br>s, or other parties.   | iptcy, did you give a financial statemen   | nt to anyone about your business? Include all financial  |
| <b>Ø</b> 1                  |  | •  |  |  |
| <u> </u>                    | Yes. Fill in the de  | etails below.  | August with the Market August will a   |  |
|                             |  |  | Date issued  |  |
|                             |  |  | _  |  |
|                             | Name   | 110  | MM / DD / YYYY   |  |
|                             | Number Street  | 1//  | wa.  |  |
|                             |  | <u> </u>   | <b></b>  |  |
|                             | City   | State ZIP Code   | <del>-</del>   |  |
|                             | ,  |  |  |  |
|                             |  |  |  |  |
|                             |  |  |  |  |
| art 12                      | 2: Sign Belov  | v  |  |  |
| l ha<br>ans<br>in c         | ave read the answ<br>swers are true an<br>connection with  | wers on this Stateme   | nt of Financial Affairs and any attachm<br>nd that making a false statement, conc<br>n result in fines up to \$250,000, or imp   | ents, and I declare under penalty of perjury that the realing property, or obtaining money or property by fraud risonment for up to 20 years, or both.   |
| l ha<br>ans                 | ave read the answ<br>swers are true an<br>connection with  | wers on this Statemend correct. I understa   | nd that making a false statement, conc   | ealing property, or obtaining money or property by fraud   |
| I ha<br>ans<br>in c<br>18   | ave read the answ<br>swers are true an<br>connection with  | wers on this Statemend correct. I understate a bankruptcy case case 141, 1519, and 3571.   | nd that making a false statement, conc   | ealing property, or obtaining money or property by fraud   |
| I ha<br>ans<br>in c<br>18   | ave read the ansyswers are true anconnection with a U.S.C. §§ 152, 13  | wers on this Statemend correct. I understate a bankruptcy case case 141, 1519, and 3571.   | nd that making a false statement, conc<br>in result in fines up to \$250,000, or imp   | ealing property, or obtaining money or property by fraud   |
| I ha<br>ans<br>in c<br>18 l | ave read the ansyswers are true and connection with a U.S.C. §§ 152, 13  Signature of Debto  | wers on this Statement correct. I understate a bankruptcy case cal-41, 1519, and 3571.   | nd that making a false statement, conc<br>in result in fines up to \$250,000, or imp   | ealing property, or obtaining money or property by fraud   |
| I ha<br>ans<br>in c<br>18 l | ave read the ansyswers are true and connection with a U.S.C. §§ 152, 13  Signature of Debto  Date 2/23  I you attach addition  | wers on this Statement correct. I understate a bankruptcy case cal-41, 1519, and 3571.   | nd that making a false statement, conc<br>in result in fines up to \$250,000, or imp   | realing property, or obtaining money or property by fraud risonment for up to 20 years, or both.   |
| I ha<br>ans<br>in c<br>18   | ave read the ansyswers are true and connection with a U.S.C. §§ 152, 13  Signature of Debto  Date 02/25  you attach additi   | wers on this Statement correct. I understate a bankruptcy case cal-41, 1519, and 3571.   | nd that making a false statement, conc<br>in result in fines up to \$250,000, or imp   | realing property, or obtaining money or property by fraud risonment for up to 20 years, or both.   |
| I ha<br>ans<br>in c<br>18   | ave read the ansyswers are true and connection with a U.S.C. §§ 152, 13  Signature of Debto  Date 02/25  I you attach addit  No  Yes   | wers on this Statement correct. I understate a bankruptcy case candidated the state of the state | nd that making a false statement, concurresult in fines up to \$250,000, or imp  Signature of Debtor 2  Date  Statement of Financial Affairs for Indiv   | risonment for up to 20 years, or both.  Additional contents of the second of the secon |
| Did Did                     | ave read the ansyswers are true and connection with a U.S.C. §§ 152, 13  Signature of Debto  Date 02/25  you attach addit  No  Yes  you pay or agree   | wers on this Statement correct. I understate a bankruptcy case case 141, 1519, and 3571.  ### ### ### ### ### ### ### ### ### #  | nd that making a false statement, conc<br>in result in fines up to \$250,000, or imp   | risonment for up to 20 years, or both.  Additional contents of the second of the secon |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Mai Document Page 62 of 65

| Debtor 1                            | Yousef     | Joseph                                   | Rafati    |
|-------------------------------------|------------|--|-----------|
|                                     | First Name | Middle Name                              | Last Name |
| ebtor 2                             |            |  |           |
| Spouse, if filing)                  | First Name | Middle Name                              | Last Name |
| Spouse, if filing)<br>Inited States |            | Middle Name the: Northern District of II |           |
| ase number                          |            |  |           |
| lf known)                           |            |  |           |

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:

**List Your Creditors Who Have Secured Claims** 

| ldontificthe ore -   |  |   |  |
|--|--|---|--|
| identity the creditor  | and the property that is collatera   | What do you intend to do with the property that secures a debt? | Did you claim the property<br>as exempt on Schedule C? |
| Creditor's<br>name:  |  | ☐ Surrender the property.                                       | □ No   |
| • *  | \.   | Retain the property and redeem it.                              | Yes  |
| Description of<br>property<br>securing debt:   |  | Retain the property and enter into a Reaffirmation Agreement.   |  |
| Ū  |  | Retain the property and [explain]:                              |  |
| ondinance for an arrival annual princh annual and an apply the second and an arrival and annual prinches and a |  |   | -  |
| Creditor's   |  | ☐ Surrenter the property  | □ No   |
| name:  |  | Retain the property and redeem it.                              | Yes  |
| Description of<br>property<br>securing debt:   |  | Retain the property and enter into a Reaffirmation Agreement.   | — : <del></del>  |
| \  |  | Retain the property and [explain]:                              | _  |
| Creditor's   | terre es e una mone e en un en en en en entre de emissibilitades de enfort en en entre familiaries de la compo | ☐ Surrender the property.                                       | · No   |
| name:  |  | Retain the property and redeem it.                              | Yes  |
| Description of<br>property<br>securing debt:   |  | Retain the property and enter into a Reaffirmation Agreement.   | <b></b> (63  |
| document and the second  |  | Retain the property and [explain]:                              |  |
| Creditor's   |  | ☐ Surrender the property.                                       | . 🔲 No   |
| name:  |  | Retain the property and redeem it.                              | ☐ Yes  |
| Description of<br>property<br>securing debt:   | ·  | Retain the property and enter into a Reaffirmation Agreement.   |  |
|  |  | Retain the property and [explain]:                              |  |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 63 of 65

| Debtor | 1 |  |
|--------|---|--|

Yousef Joseph Rafati Case number (If known)

| Π. | - | đ | 2 | Н |
|----|---|---|---|---|

#### List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it, 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases  | ty rouse if the flustee does not assume it. 11 0.5.  |  |
|---|--|--|
| Lessor's name:  |  | No   |
| Description of leased property:   |  | <b>☑</b> Yes   |
| Lessor's name:  |  | □No  |
| Description of leased property:   |  | Yes  |
| Lessor's name:  |  | □ No   |
| Description of leased property:   |  | Yes  |
| Lessor's name:  | and the second s | No   |
| Description of leased property:   |  | Yes  |
| Lessor's name   |  | No   |
| Description of leased property:   | .\   | ··· 🗋 Yes  |
| Lessor's name:  | The state of the s | □ No   |
| Description of leased property:   |  | Yes  |
| Lessor's name:  | olika katanan na maranja pathigilika sina maranina pa iyogilika pamonini oʻng intan asa tabba ataman na katanan mariya iyofiqiya soo maran katanan baba giliya qayo qaran pa kigili  | No   |
| Description of leased property:   |  | Yes  |
|   | and the second s | о 1999 година дополно постанивания положения образу от от стори от сторие от от<br>С |
| art 3: Sign Below   |  |  |
| Under penalty of perjury, I declare that I have indicated personal property that is subject to an unexpired lease | I my intention about any property of my estate th  | at secures a debt and any  |
| Signature of Dates in Again X   |  |  |
| Signature of Debtor 1  Date 02/28/2017  | Signature of Debter 2  Date  |  |
| MM DD A YYYY  | MM / DD / YYYY   |  |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| In Re: |            |        | )                |                  |   |
|--------|------------|--------|------------------|------------------|---|
| Yousef | Joseph     | Rafati | )                |                  |   |
|        | Debtor (s) |        | )<br>)<br>)<br>) | Case No. Chapter | 7 |

#### List of Creditors

| Capital One              | Oak Lawn Dental Care, P.C. |
|--------------------------|----------------------------|
| ACC# 5120259860527817    | ACC# 280700                |
| PO BOX 30285             | 9101 S Cicero Ave          |
| Salt lake City, UT 48130 | Oak Lawn, IL 60453         |
| (800)227-4825            | (708425-9101               |
| Capital One              | GM Financial               |
| ACC# 5178057612194717    | Acc# 442865333             |
| PO BOX 30285             | PO BOX 181145              |
| Salt lake City, UT 48130 | Arlington, TX 76096        |
| (800)227-4825            | (800)284-2271              |
| CCS/First National Bank  | I C System Inc             |
| ACC# 4239801034908984    | Acc# 139474670             |
| 500 E 60th St N          | PO BOX 64378               |
| Sioux Falls, SD 57104    | Saint Paul, MN 55164       |
| (888)883-9824            | (888)735-0516              |
| Comenity Bank/Carsons    | Regional Acceptance Corp   |
| ACC# 2117120010859413    | Acc# 0688787592            |
| PO BOX 182789            | 1424 E Fire Tower Rd       |
| Columbus, OH 43218       | Greenville NC 27858        |
| (855)567-7741            | (866)644-7687              |
| Comenity Bank/Express    | Springleaf Financial Ser   |
| ACC# 345538230           | Acc# 53759831              |
| PO BOX 182789            | PO BOX 59                  |
| Columbus, OH 43218       | Evansville, IN 47701       |
| (855)567-7741            | (800)382-7951              |

Case 17-05777 Doc 1 Filed 02/28/17 Entered 02/28/17 12:21:16 Desc Main Document Page 65 of 65

Debtor 1 Yousef Joseph Rafati

| Comenity Capital Bank/GEM<br>Acc# 5780974000848334<br>PO BOX 182120<br>Columbus OH 43218<br>(866)534-4180    | Afni<br>Acc# 059772773-01<br>1310 Martin Luther King Dr<br>PO BOX 3517<br>Bllomington, IL 61702 |
|--|---|
| Credit One Bank<br>Acc# 4447962214533055<br>PO BOX 98873<br>Las Vegas, NV 89193<br>(877)825-3242             |   |
| CWS/CW Nexus<br>ACC# 4493110002806647<br>101 Crossways park Dr W<br>Woodbury, NY 11797<br>(866)394-2078      |   |
| First Premier Bank<br>Acc# 5178006577521208<br>601 S Minnesota Ave<br>Sioux Falls, SD 57104<br>(800)987-5521 |   |
| Kay Jewelers<br>Acc# 3173895053<br>375 Ghent Rd<br>Fairlawn, OH 44333<br>(800)527-8029                       |   |
| LVNV Funding LLC<br>Acc# 4447962214533055<br>PO BOX 10497<br>Greenville SC 29603<br>(866)464-1183            |   |
| Macys<br>Acc# 6035341176281149<br>PO BOX 8218<br>Mason, OH 45040<br>(800)243-6552                            |   |
| Argon Credit<br>Acc# AC_721613<br>15373 Innovation Dr Ste 30<br>San Diego, CA 92150-3430<br>(312)888-7252    |   |
| SYNCB/Amazon<br>Acc# 6045781077884475<br>PO Box 965015<br>Orlando, FL 32896<br>(866)634-8379                 |   |
| Advocate Lutheran General / State Collection<br>Service<br>Acc# LGHP0000000001562309<br>(608)313-7819        |   |